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# PERCEIVED BODY IMAGE IN FEMALE ADOLESCENTS: A SOCIOCULTURAL PERSPECTIVE

by

Denise Michelle Collins

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta
Fall 1995

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## ABSTRACT

This study focused on the perceived pressure from the media to be unrealistically thin and the possible turmoil of physical and cognitive pubertal changes on body image. This study, theoretically based on a sociocultural perspective, concentrated on the basic premise that standards, such as the thin ideal, are communicated by individuals, groups, and institutions. Using Foucault's analysis of the effects of power and discipline on the body, the media's presentation of an ideal for women was explored regarding their feelings about their bodies.

Using a questionnaire constructed by the author, 58 high-school students were surveyed about feelings towards their bodies and how they perceived pressure from the media. Results indicated that the females were more dissatisfied with their stomach, hips, thighs, weight, and buttocks. They also identified a consistent picture of the ideal body presented by the media.

In-depth interviews were also conducted with five participants and school guidance counselor. The participants mentioned the media as a major negative influence on their body image. They felt compelled towards a body which corresponded to the media ideal. Cognitively, the adolescents realized the impossibility of attaining the ideal but affectively, they still desired it.

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# CHAPTER ONE:

## GENERAL INTRODUCTION

Adolescence is often a time of great turbulence. Among other changes, adolescents must integrate physical and cognitive changes associated with puberty into the body image, the mental picture of the physical appearance. Adolescent females have the added pressure of incorporating into their body image the media's presentation of an unrealistically thin body standard which relates to the focus of this thesis. Currently, the stereotyped female figure portrayed by the media is usually presented in the form of an ideal: thin, beautiful, lively.

At puberty, females gain fat stores around the stomach, thighs, buttocks, and hips. These changes in fat composition and distribution are genetically inherited and each person has a physiologically determined set point, or weight range, the body maintains for healthy reproduction (Nisbett, 1972). Developmental cognitive changes allow the adolescent to use formal operational thought. This change often causes adolescents to be hyper-aware of their appearance and presentation to others (Elkind, 1974, 1979; Mitchell, 1992). Both the physical and cognitive changes may lead to concern with the current body. This is especially true for females because pubertal growth of secondary sexual characteristics, such as the hips and breasts, is overt and abrupt. Since most sexual organs are internal, they are unavailable for consensual validation. Many times, body image dissatisfaction and dieting result because of the concerns females have about their body aspects and the quest for improving them (Rosenbaum, 1979). Body image concerns can be considered on a continuum showing a range in the level and seriousness of satisfaction or dissatisfaction.

Currently, the media presents an ideal body to women which is extremely thin when compared to normal pubertal changes. At times, this media ideal body influences how women feel about their bodies. Studying the media standard's influence and women's feelings towards their bodies is the focus of this thesis. By linking these two ideas, I am using a sociocultural perspective to understand the media's influential pressure on women's feelings toward their bodies. The basic premise of the sociocultural perspective is that people do not function independently of their society; cultural norms, rules and ideals are transmitted by individuals, groups of people, and societal institutions (Foucault, 1975; Turner, 1984). As a result one's body image is influenced by one's own perception and the cultural milieu. The pursuit of thinness happens with relative frequency within our societal system (Gordon, 1990). Studying the history of dieting over the past century helps us understand the trends in the look of women's bodies. As a result of the emergent

trends, women internalized responsibility for personal body weight, the look of the female figure changed toward the slimmer form, and an aversion to fat was upheld in society (Schwartz, 1986).

While the history of the body is helpful in understanding the trends over the past century, the crux of the sociocultural perspective in this thesis is based on Foucault's analysis of the effects of power and discipline on the body. His argument is instrumental in linking the influence of the media's presentation of an ideal body for women and how they feel about their body. His main premise was that the growth of knowledge corresponds with the extension of social control over individual bodies. Societal institutions may influence women's perceptions of their bodies by presenting and endorsing a narrow range of acceptable images and ideals (Featherstone, 1983). These unrealistic standards juxtapose women's natural biological construction, making it impossible for them to reach the standard. Foucault's ideas are explored in the literature review (Chapter Two) regarding two societal institutions: medical and media. The medical institution influences the look of the social body by allowing the dissemination of half true information related to the body and dieting. It also retains power over the social body by supporting dieting practices and other techniques, such as cosmetic surgery, for attaining the body ideal (Turner, 1982). The media industries purposely imitate real life but use strikingly attractive people. The media elicits emotions, uses authoritative institutions (medicine), and creates unattainable ideals for most of the consumer culture. The central question related to this study is whether women end up feeling dissatisfied, frustrated, and hungry, as a result of the media influence.

Certain populations seem to be affected by the thin standard presented by the media to a greater degree than other groups. Gender seems to be the biggest factor which influences the extent to which the thin standard is accepted with females being more susceptible than males. Within the female population, other factors may also increase the tendency for an individual woman to accept the media's standards for her body. The incorporation of the thin standard seems to be different for women who participate in certain extracurricular activities, such as modeling or dancing, belong to certain ethnic and socio-economic groups, and are obese. For the purpose of the current study, awareness of the differences within special populations is important when defining parameters for participant inclusion as well as understanding the resulting participant sample.

## Importance of the Research

The current research indicates that female adolescents often feel dissatisfied with their body image, and the sociocultural perspective is cited as one possible explanation for the feelings of body image dissatisfaction. My research is important because it takes the next step. I have attempted to link together a philosophical argument based on the sociocultural perspective and the available literature on body image dissatisfaction. As a result I have attempted to establish how the socially accepted norm of the thin body promotes body image concerns in female adolescents.

Since current research and other sources have only speculated on the sociocultural influence, my research draws together historical, nutritional, medical, biological, and psychological information relevant to understanding the many facets of the sociocultural perspective and body image. I have continued to explore the ideas through both quantitative and qualitative methods. Combining these two approaches is an important dynamic because simply quantifying or qualifying complex interactions in the sociocultural perspective tends to exclude essential aspects.

## Statement of the Problem

Female adolescents are especially vulnerable to body image concerns for a number of reasons. First, the cognitive change into formal operations promotes a new brand of egotistical behavior in which the adolescent believes she is the object of others' thoughts (Mitchell, 1992). Second, female pubertal transformations are overt and easily noticed. Feeling sensitive about her breasts or hips may cause insecurities (Rosenbaum, 1979). These natural pubertal changes oppose the media's presentation of an unrealistically thin ideal body, the last part of the equation which promotes body image concerns in female adolescents. The stereotypical body image popularized by the media is thin, attractive, and sexy (Freedman, 1984; Seid, 1994; Williamson, 1986).

## Purpose of the Research

The major purpose of this study is to investigate the media's role in promoting body image concerns in female adolescents. More specifically, using the sociocultural context as a theoretical basis, I have three goals in mind: (a) to find the prevalence of body image concerns among female adolescents, (b) to discover the rate of acceptance of the thin body standard, and (c) to discuss the experience of their bodies and what they think influences the way they feel about their bodies. Current research indicates that the media plays a role in influencing the way female adolescents feel about their bodies, especially dissatisfaction

and concern, but have only indirectly linked the media's messages to heightened body image awareness.

## Overview and Research Questions

The main focus of this project is to understand how the thin standard presented by the media impacts body image concerns in female adolescents since it opposes natural biological changes. The current theoretical literature on the socially accepted thin standard is explored in Chapter Two. Then female adolescents were surveyed on the prevalence of the standard, and in-depth interviews were conducted on how these adolescents feel about their bodies and what they think has influenced them. The guidance counselor at a local high school was also interviewed on the experience of working with female adolescents on body image issues. Since the thin body ideal is presented to females in all forms of media, I explored the link between the accepted thin standard promoted by the media and body image concerns in female adolescents.

To understand the complex interactions involved in the development of body image, a threefold design was used. In the first portion, the theoretical basis of the sociocultural perspective and proposed implications for female adolescents was explored. In the second part, the prevalence of acceptance of the standard in a female adolescent population, how it changes their behavior, and how it influences the way they feel about their bodies was empirically studied. Lastly, in the in-depth interviews, the impact and experience of the standard in relation to their bodies as described by female adolescents, and the experience of working with them as explained by the high school guidance counselor was uncovered.

The research questions listed below were designed to encompass each way of obtaining information based on the main purposes of the study:

1. How does the societal system obtain enough power to influence the majority of women's perceptions and experiences of their bodies? (Theoretical)
2. How prevalent is body image dissatisfaction among female adolescents? (Quantitative)
3. How prevalent is the acceptance of the thin bodily standard presented by the mass media among female adolescents? (Quantitative)
4. How is the body experienced by the female participants? (Qualitative)
5. What do the female participants consider as primary influences over their experience of their bodies? In what ways are they influenced? (Qualitative)
6. What is the experience of working with female adolescents on body image issues? (Qualitative)

## Personal Biases

While obtaining my undergraduate degree, I was bewildered by the psychological experiences of the eating disordered. I wanted to understand the drowning obsession, the painstaking rituals, the hyper-vigilant will-power, the iron control, and the paralyzing fear of the eating disordered adolescent. Since I already had an extensive knowledge of eating disorders and realized that non-clinical populations of females also experience body image concerns, I wanted to understand the experiences of them as well.

The influence of the mass media on people is fascinating because it is so diffuse. At times, the media industries promote body image concerns where none existed before. Articles in magazines focus on how to improve body "flaws", for example, how to "cure" inverted nipples, how to make one's legs look longer, or about flattering bathing suits for flat-chested women. These present the idea that inverted nipples, short legs, and flat-chests are not attractive, not normal, and not socially acceptable. Articles glamorize certain body types and promote "fixing beauty flaws" which create body image insecurities (Featherstone, 1983). For already sensitive and self-conscious adolescents, these messages would seem to reduce body-esteem.

In my experience, friends and family have been influenced by the thin standard and have used diet and exercise in an attempt to change their bodies. I believe that if society presented many body ideals, people would not feel an imperative to lose weight. I feel very strongly about this topic and have spent a lot of time considering it before beginning this research project. Since this is the case, I have bracketed (analyzed) and noted my presuppositions of bias. The fact that they are listed below as biases makes them neither correct nor incorrect; their accuracy will be explored through the review of the literature and this project:

1. Any female, regardless of appearance, may feel dissatisfied with her body. Most women experience body image dissatisfaction regarding at least one part of their body. Body image dissatisfaction is mostly concentrated on the areas that make women different than men - thighs, breasts, hips, stomach, and buttocks.
2. Body image satisfaction is on a continuum. Non-clinical populations of women demonstrate patterns of disordered eating. Eating disorders are a clinical manifestation and extension of disordered eating patterns.
3. Weight is not necessarily positively correlated with the degree of satisfaction. Weight is the most important measure of how close women are to attaining the ideal. Being overweight is not a moral question but a question of biology; the ratio of weight for height naturally falls on a normal curve, therefore some people are underweight and some are overweight, but the majority are "normal" weight when compared to other people their

height. The idea of weight classification is a misnomer since they are objective human constructions.

4. Many women have low body-esteem because of their appearance. Most females experience negative self-talk related to their bodies.

5. The experience of a negative body image influences gestures, movement, clothes, attitudes, and moods.

6. The media's presentation of a thin body ideal is one of the main reasons why women feel dissatisfied with their bodies. The media influences how women feel and what they think about their bodies. Women believe that their lives would change if they attained the ideal body.

7. The medical establishment has condoned the dissemination of half-true information about the effects of body weight and dieting. Many other institutions are also profiting from the culture of slimming including fashion, advertising, movies, toy, and food.

8. If the media presented different body ideals, women might feel more satisfied with their own bodies.

9. Dieting is generally unhealthy, especially if it involves restrained eating, skipping meals, diet pills, or laxatives. Women feel guilty after they eat and must compensate through a cycle of over-control and exercise. Women feel a sense of desperation to gain control over their appetites. Eating, especially indulging, represents a lack of willpower or control.

10. Because food has become such an issue for women and dieting has become so prevalent, many women no longer experience feelings of hunger or satiation. Women spend an inordinate amount of time thinking about food, controlling their appetite, and monitoring their weight.

## Overview of the Thesis

An introduction to the nature and purpose of this research has been presented in Chapter One. A brief discussion of the sociocultural perspective was presented to understand the focus and rationale of the project.

A review of the literature is presented in Chapter Two. It is divided into four sections. In the first section essential concepts necessary for understanding the sociocultural perspective and body image are discussed. Next, special populations are considered. This is an important section because it directly relates to the selection of participants and rationale for their inclusion. The third section includes an explanation of women's natural biological fat deposits and developmental changes associated with puberty. A discussion of set point theory is developed to show the heriditary nature of

adiposity. Cognitive and physical developmental changes are detailed and linked to concern about body image. Lastly, a discourse on the sociocultural perspective and participating institutions regarding the social control of the body is discussed.

A discussion of the design and method used to conduct the study is presented in Chapter Three. Development of the research instruments, selection of participants, research questions, hypotheses, and method of analyses are detailed. The statistical results obtained from the survey and a discussion of their meaning as related to the questions and hypotheses delineated in Chapter Three are presented in Chapter Four. The results and discussion of the theme structure and the theme content are included in Chapter Five. Case descriptions of each interview participant are also discussed in Chapter Five. Theory, current literature, and survey data are integrated into the discussion of the themes. In Chapter Six implications from the study and future research directions are suggested.

# CHAPTER TWO
# REVIEW OF THE LITERATURE:
## Introduction

*Men look at women. Women watch themselves being looked at. This determines not only the relations of men to women, but the relation of women to themselves.*

*John Berger*
*(cited in Wolf, 1992, p. 58)*

Little of the available literature and research on body image has explored the discrepancy between the thin body standard promoted in the media and women's natural biology. The purpose of this literature review is to integrate the sociocultural perspective regarding the thin body ideal with how females feel about their bodies. Many ideas are essential in understanding the importance of body image for females, therefore the review of the literature covers a broad range of theory and research: pubertal changes, psychological effects of body image concerns, populations requiring special consideration, biological limitations, and sociocultural institutions.

The sociocultural perspective refers to the influences and demands the societal system places on women's bodies. According to this view, women are more influenced by the societal standards, and less by their biological needs (Bartky, 1988; Foucault, 1975, 1984; Gordon, 1990; Turner, 1982). The main premise of this argument is not that the societal system controls what females' bodies look like or do, but that the expectations imposed by the cultural standard are opposed to their natural, biological bodies. The sociocultural perspective has been cited to explain the increase in body image dissatisfaction as well as eating disorders among females. A discussion on the history of the body and influences throughout the past century is vital to understanding how some women have attempted to follow the societal expectations for their bodies rather than their own biology.

In the first section, the important concepts relevant to understanding body image and the sociocultural perspective are introduced. The second section includes populations that require special consideration regarding body image concerns. Next, the biological and pubertal changes as they relate to body image concerns for females are discussed. Lastly, the review of the literature culminates in a discourse on the sociocultural perspective and two participating institutions in the promotion of thinness.

The italicized quotations under each heading illustrate the tone of that section. Their inclusion does not imply agreement or truth-value, but rather, are linked to the ideas presented in that section. The quotations are presented in order to stimulate controversy

which is often associated with gender-based assumptions such as the one surrounding the current study.

## Essential Concepts

### Basic Assumptions

> *Societies have never been kind to deviants, but in America a statistical deviation has been normalized, leading millions of women to believe that they are abnormal.*
>
> *Roberta P. Seid*
> *(cited in Kilbourne, 1994, p. 396)*

For the purpose of this review, eating habits and body image concerns fall on a continuum. One side of the continuum includes eating disorders and serious, incapacitating dissatisfaction with the body. In some cases, a female falls at the dysfunctional end of the continuum because of over-adaptations to cultural ideals for her body. Eating disorders and extreme dissatisfaction with her body are considered to be "confused and conflicting responses which women have towards ourselves" (Dittmar & Bates, 1987, p. 64). The other end of the continuum includes healthy eating habits and satisfaction, or minimal concern, with her body (Fontaine, 1991). The continuum includes all women, regardless of age and weight. Although it is possible that the participants in the research population fell at any and every point on the continuum, this literature review concentrates on the negative impact of the media ideal body on the psychological health of adolescent females.

A basic premise of the sociocultural argument is that people do not function independently of their society; cultural norms, rules, and ideals are transmitted by individuals and groups of people (Fontaine, 1991). Some authors (Bartky, 1988; Brown, 1985; Gilday, 1990; Hesse-Biber, 1991; Rothblum, 1990, 1994; Steiner-Adair, 1994; Wolf, 1994; Wooley, Wooley & Dyrenforth, 1979) have cited the patriarchal society and blamed it for the imposition of the thin bodily standard on women. Although both the medical and media institutions discussed later are dominated by males, women are part of society as well. These institutions also include females, such as the fashion models, actresses, nurses, doctors, etc. who support the doctrines of the institution. Women also transmit cultural values to each other through friendships and motherhood as well as occupational contact. By taking the middle ground, I have not pointed the finger in blame at men and the patriarchy for the promulgation of the thin bodily standard for women. This view disempowers women and makes them the "victim" of the culture of slimming. I am also not taking the other side which blames women for the perpetuation of the standard and

makes them solely responsible. Neither is true; it is an interaction between men, women and societal institutions, the dominant culture. For these reasons, it will be referred to as the "societal system". Lastly, since women have more body image concerns and the participants in this research project are all females, feminine pronouns will be used throughout this project.

## Body Image Defined

> *...beauty is no guarantee of a favorable body image, nor is homeliness a decree for a negative body image.*
>
> *(Cash, 1990, p. 52)*

Body image is basically a mental picture of one's own physical appearance. Rosenbaum (1979) defined body image; it, "the picture of our own body which we form in our mind, is a plastic, constantly changing concept, continuously modified by bodily growth, trauma or declines and significantly influenced by the ever-changing interaction with the environment, both animate and inanimate" (p. 235). Body image develops partially from the adolescent's experiences, but at the same time, she seeks only reinforcing experiences. As her body image matures, it motivates her towards different activities which in turn facilitate its development (Brylinsky, 1990).

Pruzinsky and Cash (1990) integrated multifaceted definitions of body image from the literature. First, body image refers to perceptions, thoughts, and feelings about the body and bodily experiences. Body image has a cognitive, emotional, and subjective aspect. The cognitive experience of body image includes the attention an individual gives to her body and related self-statements which include her beliefs and experiences about it. The emotional aspects include her bodily comfort zone and level of satisfaction. The subjective facet tends to be very personal, and may not correlate highly with an objective reality of the body. Bodily sensations, functions, feelings of health and fitness, and spatial awareness of the body may also influence how she feels about it. The cognitive, emotional, and subjective components of body image influence general information processing by changing or coloring how she understands and interprets the world. The interpretation of the world and her body image influences her behavior at every level of consciousness. Since the most basic sense of self is through the body, how female adolescents experience their bodies relates to how they feel about themselves.

Next, the young woman may experience her body through socially determined expectations. Body images may include attitudes from society, friends, family, and oneself. Feelings about body image are partially based on interactions throughout life with primary caretakers. Body image is not fixed or static, but rather, constantly changing,

plastic. Body experiences change as different parts of the body demand the focus of attention. The adolescent's attention can shift between parts of her body slowly or rapidly, and she can be at more than one level of bodily awareness at any given time. Gradual changes in attention are usually easier to accommodate than abrupt changes (Pruzinsky & Cash, 1990).

## Current Ideal Body Standard

> *Today's popular heroes are no longer the mighty, the builders of empires, the inventors and achievers. Our celebrities are movie stars and singers, 'beautiful' people of leisure who profess a philosophy of enjoyment rather than discipline and toil.*
>
> *Patchter, 1975*
> *(cited in Featherstone, 1983, p. 19)*

A consistent belief found throughout the literature is that there is one stereotyped female figure portrayed in the media and incorporated into female's lives in the form of the ideal (Fallon, 1990; Featherstone, 1983; Fontaine, 1991; Garner & Garfinkel, 1980; Garner, Garfinkel, Schwartz, & Thompson, 1980; Gilday, 1990; Kilbourne, 1994; Morris, Cooper, & Cooper, 1989; Schwartz, 1986; Seid, 1994; Silverstein, Perdue, Peterson, & Kelly, 1986; Silverstein, Perdue, Peterson, Vogel, & Fantini, 1986; Silverstein, Peterson, & Perdue, 1986; Wiseman, Gray, Mosimann, & Ahrens, 1992). It appears that the ideal body stereotyped by the media influences many women's personal ideals (Gilday, 1990).

While it could be argued that Playboy centerfolds and Miss America Pageant Contestants are not mainstream because they are considered degrading to women, Garner, Garfinkel, Schwartz, and Thompson (1980) looked at them as contemporary norms of the accepted body standard for the years 1959-1978. Wiseman, Gray, Mosimann, and Ahrens (1992) extended this earlier study from 1979-1988. Garner, et al. (1980) found that centerfolds and contestants decreased in size towards a more tubular form, especially from 1968-1978. Wiseman, et al. found that the accepted thin size has remained thin and become smaller especially among contestants. The ideal has plateaued and stabilized at 13 - 19% below expected body weight. The size of models as reflected in pornography and pageants has decreased over the past 30 years. Other research has found that this trend is apparent in the fashion industry as seen in magazines. Empirical research on bust, waist, and hips measurements from Morris, Cooper, and Cooper (1989) confirmed that the ideal has become more tubular; specifically waist size has increased and the bust and hips, which are approximately the same size as each other, have decreased. The long-legged tubular

look represents the ideal body presented by the media. Currently, popular models and actresses have between 10-15% body fat compared to the normal 22-26%. Models also spend between 14-35 hours per week to maintain their figures (Brownell, 1991b). Only 5-10% of the population actually possess this ideal, but the media does not show us that media celebrities "represent distorted exaggerations rather than healthy norms" (Collins, 1988, p. 229).

The goal in gaining the taut, lean, toned body is to suppress secondary sexual characteristics, including dimpled flesh and fat around the thighs, hips, buttocks, and stomach (Seid, 1994). In 1908 a Vogue correspondent in Paris wrote, "...the fashionable figure is growing straighter and straighter, less bust, less hips, more waist, and a wonderfully long, slender, suppleness about the limbs..." (Gordon, 1990, p. 77). Wooley (1994) stated that the areas focused on are the parts which make women different than men, creating a fragmented body image: buttocks, abdomen, hips, breasts, and thighs. "The size, contours, smells, and texture of an adult woman contradict the soft, sweet childish aspects of feminine beauty standards emphasized in the media" (Freedman, 1984, p. 36). In fact the tubular look is similar to the prepubescent body of both males and females. Tula, model for the Smirnoff Lochness advertisements, was actually a man, Barry Cossey, who had a sex change operation.

> ...the totally hard, flat stomach, and lean torso, the spare bone structure and long limbs, look more male than female. Tula as a model is a blueprint for women. The fact that her body started off male seems an ironic comment...on the whole body image industry...which can sell us the male form as the ideal for females (Williamson, 1986, p. 50).

The ideal body has equated thinness with attractiveness and the standard has become so thin that the normal-weight female considers herself overweight (Collins, 1988).

## Body Image Dissatisfaction

> *On the one hand, adolescence presents girls with the challenge of coming to terms with their biological bodies; at the same time, society judges girls according to their looks, and the culture encourages girls to struggle to change their bodies to fit narrowly defined beauty ideals.*
>
> *(Steiner-Adair, 1990, p. 167)*

Many women are torn between the desire for a body similar to the ideal body presented by the media and their natural biological body. The discrepancy between the two and the pressure from society to conform cause her to feel less satisfied with her body. Body image dissatisfaction refers to the degree of unhappiness women experience in

relation to their perceptions of their own body (Miller, 1991). Rosenbaum (1979) interviewed females age 11-17 from a convenience sample of normal females. Even females who were slim pointed to areas that were "too fat" including thighs, hips, and stomach. When asked what they wanted to change about their bodies, they responded in the direction that would bring them closer to the cultural thin ideal, like models. The results of a sample of 142 females, age 14-16, indicated they were very dissatisfied with weight, hips, thighs, and buttocks. The body aspects related to bone structure were more satisfying than those related to body fat. Taller girls were more satisfied with their height than shorter girls and lighter girls were more satisfied with their weight than heavier ones (Searles, Terry, & Amos, 1986). In a recent local survey of 400 youth grades 7-12, 56% stated they wanted to lose weight of which 77% were females (Peppler, 1995). A widely cited study by Fallon and Rozin (1985) found that females stated their current body was heavier than the one which they thought would be attractive to men. This was, in turn, heavier than their ideal. Jourard and Secord (1955), based on their research, stated that, in general, the ideal body for women could be paraphrased, "It is good to be smaller than you are in all dimensions except bust" (p. 246).

Physical changes during puberty cause feelings of body image fragmentation, especially as the differences between genders become more obvious. "The disorganizing effect of rapid body growth can be sensed in terms of a disconnected body image" (Rosenbaum, 1979, p. 237). For females, fragmentation is partially due to the inability to compare sex organs and gain consensual validation. Most of a woman's sex organs are internal and not exposed for validation. The breasts are the most fragmented and disassociated part of the body. They are external and their growth is evident throughout puberty, but are still unavailable for consensual validation since they vary widely among women (Rosenbaum, 1979). Females have a clearly differentiated body concept in that they can make fine discriminations among isolated body parts rather than viewing the body as a whole (Rodin, Silberstein, & Striegel-Moore, 1984). They can describe how they want particular body parts to look but have difficulty integrating this into a unified body image. It seems to be a commonly held belief among teenagers that weight loss or exercise will bring a certain part closer to the ideal while other parts will remain basically unchanged (Dwyer, Feldman, & Mayer, 1970). In reality, the idea of "spot reducing" trouble fat spots is virtually impossible since patterns of fat deposits are genetically determined (Bartky, 1988).

## Dieting Prevalence

*The modern girl...is so afraid of being overweight that she is not willing to be even normal in weight.*

*Emma F. Holloway in The New York Times, 1926*
*(cited in Silverstein, Peterson, & Perdue, 1986, p. 903)*

The term "dieting" covers a range of behaviors. Some people refer to daily eating habits as their 'diet'. Others view a diet as restricting certain foods or drinks, such as sugar, 'junk food', carbohydrates, and sodas, while others only eat certain foods: vegetables, fruit. And still others diet by complete fasting. The colloquial use of dieting refers to a change, for varying lengths of time, in daily eating habits in order to lose weight (Dwyer, Feldman, & Mayer, 1970).

In a study with more than 11,000 male and female high school students, Serdula, Collins, Williamson, Anda, Pamuk, and Byers (1993) found that 44% were trying to lose weight and 26% were trying to keep from gaining weight. Females were twice as likely to think they were too fat and half as likely to think they were too thin. Twenty-five percent of "normal" weight females were attempting to lose weight. A 1984 study of 2000 people found that 93% of women were concerned with their appearance and actively attempting to change it. In another study of 33,000 females, it was found that 75% described themselves as overweight when in reality only 25% were (Salem & Elovson, 1993). In a pilot study at Wellesley College, 72% of the females sampled expressed moderate to extreme concern about attaining ideal body weight and 36% significant to extreme concern about eating patterns. One-third stated they were almost always preoccupied with controlling weight and one-half expressed fear of being overweight, feeling guilty after eating, and giving too much mental energy to food consumption and calorie burning. Females had these concerns even though the average person is within 5-10 pounds of the ideal weight range (Surrey, 1984). Research cited by French and Jeffrey (1994) has shown that more dieters are normal weight than overweight. Normal weight dieting has become prevalent enough to be considered socially normative.

The eating patterns of a hungry person change as well. When presented with food, a starved or restrained eater will eat more food and more rapidly than a less deprived individual and will more likely eat in a novel environment than a less deprived individual. The hungry individual appears to become more sensitive to taste and thus, consumes more food which is good tasting, and consequently, higher in fat or caloric value (Nisbett, 1972).

Typically, dieters in the general population weigh more than non-dieters and dieting may be a risk factor for future weight gain or variability. As a result, there is a relatively

new controversy about dieting. Since more fat people diet than thin people and dieting seems to cause many of the same health problems as obesity, such as hypertension, increased cholesterol, and diabetes (Rothblum, 1994), it is difficult to separate what is characteristic of heavy people and what is characteristic of dieters. Some long-term adverse effects of weight cycling are known, such as changes in metabolism, risk of future weight gain, cardiovascular risks, premature death, body fat distribution changes, decreased self-esteem, depression, and anxiety (French & Jeffrey, 1994). Prolonged food deprivation may cause a "neurotic triad" of depression, hypochondriasis, and hysteria (Nisbett, 1972). The psychological effects of self-inflicted starvation parallel those effects of involuntary starvation, including irritability, poor concentration, anxiety, depression, apathy, lability of mood, fatigue, and social isolation (Wolf, 1994). More research will have to be done in this area before the controversy is resolved, but it appears that these characteristics and conditions have been misattributed to heavier people.

## Body Size Over-Estimation

*In Western society females are never too thin to feel fat.*

*(Wooley, Wooley & Dyrenforth, 1979, p. 81)*

One characteristic of eating disorders is body image distortion. In clinical populations, a greater degree of body image distortion is associated with the severity of the disorder (Wardle & Foley, 1989). Recently, body image distortion has been reported in non-clinical populations, typically referred to as body image over-estimation (Brodie, Bagley, & Slade, 1994; Gray, 1977; Halmi, Goldberg, & Cunningham, 1977; Moses, Banilivy, & Lifshitz, 1989; Wardle & Foley, 1989). Wardle and Foley (1989) found that those females with a negative body image tended to over-estimate their waist size and to a lesser degree, their hips. Halmi, et al. (1977) found over-estimation in younger adolescents and theorized that this should diminish with maturation. Brodie, et al. (1994) cited research indicating over-estimation of body image was greater in younger adolescents, and that the standard becomes relatively thinner with maturation. In Moses, et al. (1989) underweight adolescent females, and in Gray (1977), both underweight and overweight college undergraduates, tended to over-estimate body size. There appears to be an affective component to body over-estimation as well. Estimations are typically larger when females are asked how they feel rather than how they objectively view their bodies (Thompson, Penner, & Altabe, 1990).

## Self- and Body-Esteem

*You have a right and a responsibility to judge yourself according to realistic standards, a right to feel comfortable in your own skin.*

*Rita Freedman, 1988*
*(cited in Brownell, 1991a, p. 10)*

Body-esteem, one aspect of self-concept, refers to an adolescent's attitudes and feelings about her body along three dimensions: sexual attractiveness which includes facial attractiveness and sexuality, weight concerns including body parts and their functions which control food consumption, and physical condition which refers to attitudes towards qualities such as endurance and strength (Franzoi, Kessenich, & Sugrue, 1989).

While Gleghorn and Penner (1989) found a strong relationship between physical appearance and global self-esteem, in a recent study, Salem and Elovson (1993) found that women can feel dissatisfied with their bodies but not be depressed or have low self-esteem. Perceived discrepancy from the ideal is one important mediating factor in the level of self-esteem or depression, especially as the perceived discrepancy increases. Another mediating factor is the importance of meeting the ideal. They found that if a young woman is not very satisfied with her body and she thinks that meeting the ideal is very important, it is typically predictive of low self-esteem and depression. "...there is a shared 'ideal female figure' and that...satisfaction with one's own height, weight, bust, waist, and hips was a function of how closely matched perceived and ideal dimensions were" (Wooley, Wooley, & Dyrenforth, 1979, p. 84).

A cycle of control typically develops in dieters which reduces their overall level of esteem. Surrey (1984) suggests that dieters, especially chronic dieters, lose the ability to respond to internal cues about their needs, desires, and wants in an attempt to achieve the standard of thinness. When a balance cannot be met between control and basic biological needs, they develop lowered self-esteem. Because of the internal pressure they have placed on themselves, they begin to define their self-esteem by relative success on the diet. Self-esteem equates with controlling appetites, needs, and desires. Since they cannot maintain control over their biological processes, they have periods of little control which, again, reduces self-esteem. A pattern of over-control, no control, guilt, and stricter over-control has begun. Their level of self-esteem is defined by their position in the cycle. Many other factors may coincide with greater dissatisfaction and lower self-esteem, such as depression (Rierdan, Koff, & Stubbs, 1987), negative childhood, early adolescent, and current social experiences (Keelan, Dion, & Dion, 1992), age (Brodie, Bagley, & Slade, 1994), and mother's satisfaction with her body (Miller, 1991; Rosenbaum, 1979).

While the cycle of dieting may be an experience which decreases self- and body-esteem, some forms of exercise may serve as a way to improve it. Self-esteem can be enhanced through the physical exertion associated with sports (Brylinsky, 1990), belonging to a team, and feelings of mastery and competence. Activity may also improve self-esteem because a physically fit body may be closer to the ideal thin body (Carruth & Goldberg, 1990). On the other hand, activities which demand a thin body, such as modern dance, may actually decrease body-esteem and satisfaction (Brylinsky, 1990).

## Mental Disorders and Disordered Eating Patterns

> *By taking on the identity of the deviant, the symptomatic person is able to indirectly punish or at least gain some degree of control over those who are more powerful than herself, even though her behavior is simultaneously self-destructive.*
>
> *(Gordon, 1990, p. 117)*

Although the scope of this thesis concentrates on the normal range of the body image continuum, a brief discussion of eating disorders is important since they fall at one extreme of the continuum. Anorexia Nervosa and Bulimia Nervosa have been explored within the sociocultural context as well. There has been an apparent increase in the incidence of eating disorders which correlates with the increase in the pace of the drive for thinness. Research indicates there is a positive correlation between hyper-awareness about body image and an increased risk of developing an eating disorder (Garner & Garfinkel, 1980). Again, since negative body image and disordered eating fall on a continuum, many females may engage in disordered eating patterns which are equally distressing, but not severe enough to meet the diagnostic criteria listed below for an eating disorder.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994), the diagnostic criteria for Anorexia Nervosa include a refusal to maintain a body weight at or above a minimally normal weight for age and height, intense fear of gaining weight or becoming fat even though the female's body weight does not warrant such a fear, and many times amenorrhea (cessation of menstrual periods) in post-menarchal females. Lastly, there is a disturbance in the experience of the body, influenced by weight and shape, and a denial of the seriousness of the weight loss. According to the DSM-IV (1994), the diagnostic criteria for Bulimia Nervosa include recurrent episodes of binge eating. Binge eating is defined by eating an inordinate amount of food, usually high in calories, and a lack of control over eating during the episode. Inappropriate compensatory behavior usually follows after a binge episode including self-induced vomiting, use of laxatives, diuretics, enemas, fasting, and excessive exercise. Self-evaluations are influenced by body shape and weight, although many bulimics are within

the normal range for weight. Both Anorexics and Bulimics manifest body image disturbance; the gap between reality and their self-perceptions differ greatly. Their ability to interpret feelings of hunger and satiety may be inaccurate (Rosen, 1990).

Much of the current literature discusses "disordered eating patterns" within non-clinical populations which must be differentiated from eating disorders per say. Although the literature does not offer a clear definition of the characteristics of disordered eating, there seem to be specific aspects. As explained before, body image dissatisfaction is on a continuum and disordered eating is part of the behavioral manifestations of the dissatisfaction at a range on the continuum. In a global sense, disordered eating may encompass some of the characteristics necessary for an eating disorder diagnosis but not all of them. Many of the behaviors may be similar and may include taking laxatives, diuretics, diet pills, bingeing, purging, starving, over-activity, and restrained eating. These patterns are important to watch for because they may increase the risk for the development of an eating disorder and because of the health risks inherent in each method for the developing adolescent body and psyche.

Another mental disorder which relates to the preoccupations with body image and dieting is a Somatoform Disorder, Body Dysmorphic Disorder. Again, it is just one point at the extreme of the continuum and non-clinical populations may share some of the characteristics of the disorder. The criteria for diagnosis according to the DSM-IV (1994) include a preoccupation with an imagined defect in appearance. The "defect" chosen may be a physical anomaly but the concern over it is extreme. An inordinate amount of time and thought must be spent on the defect and cause impairment in social, occupational, or other areas of functioning. Lastly, the defect suggests a general medical condition but is not fully explained by general medical conditions, direct effects of substances, or another mental disorder.

## Special Populations

### Groups Emphasizing Body Image

> *I came to understand that their obsessive pursuit of thinness constitutes not only an acceptance of this ideal but an exaggerated striving to achieve it.*
>
> *M. Boskind-Lohdahl, 1976*
> *(cited in Wooley, Wooley, Dyrenforth, 1979, p. 87)*

While certain populations of females are particularly at risk for body image dissatisfaction, disordered eating patterns, and eating disorders, in some cases, a female's desire to lose weight or tone her body may influence her to exercise. Activities which

demand a low body weight such as modeling, gymnastics, figure skating, horseback riding, and dancing, lend themselves to more body image dissatisfaction and drive towards the thin standard.

The demands of a sport may emphasize a particular body profile to optimize performance. But as explained in more detail later, the typical female pubertal increase in fat contradicts the weight and body standard requirements for the sport (Carruth & Goldberg, 1990). Many females experience that their body type is no longer within the confined range of expected body ideals required for the sport (Brooks-Gunn, Attie, Burrow, Rosso, & Warren, 1989).

In a study by Braisted, Mellin, Gong, and Irwin (1985), ballet dancers reported disordered eating patterns more often than control groups. Dancers tended to diet more often and for longer periods than other females. Brooks-Gunn et al. (1989) conducted an empirical study to discover if the demands of thinness are contextual to the sport and not by-products of being involved in a sport. They found that dancers are more concerned about their body and weight because the sport demands it. Dancers did not exhibit the typical emotionality associated with restrained eating which may be an appropriate response, again, to the demands of the sport. Overall, dancers exhibited more disordered eating patterns regardless of emotional adjustment and actual body size. These may be the result of a "fit" between the expectations of the activity and the behaviors manifested by those who participate in the activity. Garner and Garfinkel (1980) conducted a study on professional dancers and modeling students, populations who have an increased focus on their bodies. The results of the study indicated that those who have an increased concern with maintaining a thin body image are at a higher risk for developing an eating disorder.

## Ethnic Minority Status

> *The resilience of the stereotype of the fat black "mammy" shows the futility and damage of considering standards of beauty as separate from issues of race and racism.*
>
> *(Thompson, 1994, p. 360)*

In general, the literature demonstrated there are different cultural, social and economic requirements for female beauty. The research indicated contradictory information regarding the standard's influence on ethnic minorities. Increased body weight apparently has different connotations for White and Black women (Serdula, Collins, Williamson, Anda, Pamuk, & Byers, 1993). French and Jeffrey (1994) cited research that showed Black women value thinness less, are concerned with weight less, and diet less than White women, although these differences may be diminishing. Other research has shown that

Hispanic and White women seem to be influenced more by the thin standard than Black women. Steiner-Adair (1990) stated that the drive for thinness has spread from a primarily White preoccupation to other ethnic groups. Thompson postulated, based on the results from a qualitative study, that individual and familial acceptance of the standard and the influence of White culture may affect the minority female's perception of her body (Thompson, 1994). Since there is such confusion about the effects of the thin bodily standard on minority females and it is possible that the minority students have assimilated the standard for themselves, no participants were excluded from the current study on the basis of ethnic minority status.

## Socio-Economic Status

> *In short, most people believe that poverty causes obesity when in fact research suggests that obesity causes poverty. The former theory holds fat people responsible for their condition, whereas the latter indicates that fat people are systematically denied economic success.*
>
> *(Rothblum, 1994, p. 8)*

The literature contains contradictory findings regarding socio-economic class and its affect on the acceptance of the standard. Dieting is more prevalent among middle-to-upper class women (French & Jeffrey, 1994). History has shown in times of great abundance that thinness is favored, and in times of famine, heaviness is desired, as signs of great wealth. Our middle and upper classes' enjoyment of abundance may explain why the thin standard is an integral part of their lives. Since dieting seems to influence higher socio-economic classes, the research showed that when minority families attain upward mobility, the women tended to feel pressure to strive for the thin ideal (Thompson, 1994). Considering the ethnic composition of the poor, socio-economic standing may also explain why the thin standard is primarily a White affliction in North America (Thompson, 1994).

## Obese People

> *Social groups create deviance by making the rules whose infractions constitutes deviance, and by applying these rules to particular people...deviance is not a quality of the acts a person commits, but rather a consequence of the application by others of rules and sanctions to an "offender". The deviant is one whom the label has successfully been applied...*
>
> *(Rothblum, 1990, p. 21)*

So as to understand the reference points for weight classifications, terms will be defined for consistency. Underweight or overweight includes those people with a 10% differential of body weight to height (Moses, Banilivy, & Lifshitz, 1989). Overweight can be the result of an excess in fat, muscle, bone, and sometimes fluids. Almost everyone

who is 20% overweight is also obese, or over-fat. In general overweight refers to heaviness while obesity refers to over-fatness. The two, when taken individually, are not necessary or sufficient conditions for the other to exist (Dwyer, Feldman, & Mayer, 1970).

Obese people signify the antithesis of the cultural norm and an expression of the opposite of cultural values: lazy, out of control, ugly, and sloppy. Research has shown children as young as five stigmatize their heavier peers (Wooley, Wooley, & Dyrenforth, 1979).

The practice of prescribing "diets" for obesity and the fear of failure on both the part of medicine and the obese person helped all internalize responsibility for weight. To be overweight became a moral problem that required changing. It is widely reported that physicians are generally unsuccessful in helping their obese patients (Cahnman, 1968).

It is often believed that the eating habits of obese people are significantly different from normal weight individuals, although most of the time this is not the case. Many obese people eat the same as or less than their normal weight peers (Rothblum, 1990). Obese people differ in their body types; they are not just thin people with an excess of fat. They have different muscle and bone mass compositions as well as adiposity (Dwyer, Feldman, & Mayer, 1970). The research shows consistent evidence for Nisbett's set point theory and the genetic distribution of and accumulation of fat (Brownell, 1991a). Moreover the link between obesity and health is unclear; as discussed previously, many of the personality characteristics and medical conditions typically associated with obesity may actually be commonalties among dieters, and merely misattributed to heavier people (for a longer discussion, refer to sections on Set Point Theory and Dieting Prevalence).

## Puberty and Biology

### Set-Point Theory

> *Most obese persons will not stay in treatment of obesity. Of those who stay in treatment, most will not lose weight and of those who do lose weight, most will regain it.*
>
> *A. J. Stunkard, 1958*
> *(cited in Rothblum, 1990, p. 16)*

The following section will explain the nature of women's biology so that the discrepancy between their natural body and the one presented by the media can be understood. Nisbett (1972) showed that adiposity is determined by the number, not the size, of fat cells, although there is a modest increase in the size. This data is significant because the number of fat cells possessed by an individual is essentially fixed, suggesting

that adiposity is hereditary. Nisbett (1972) cited research in which rats were starved at six weeks. This starvation was incapable of permanently changing the number or size of adiposity, although the base line number and size of fat cells can be influenced by early nutritional experiences during suckling, including both over and under nutrition.

In dieting humans, the size of the fat cells decrease but wait for a period of regular eating to fill the excess and expand again to their regular size. The converse is true as well; the number of fat cells do not increase with overeating, their membranes simply stretch to accommodate the excess fat (Nisbett, 1972).

> Thus it appears that a person with a given number of fat cells is not able to decrease that number through dieting or to increase that number through bad habits or overeating. The individual with a large number of fat cells...will be constitutionally fat (Nisbett, 1972, p. 434).

The adipose tissue composition is defended by the central nervous system. The hypothalamus, which controls feelings of satiation and hunger, adjusts food intake to maintain fat stores at the set point level. Research with animals with damage to the ventromedial nucleus of the hypothalamus suggests that

> in its intact state, the ventromedial hypothalamus acts as a brake to keep an animal from adding excess fat...A similar description now seems appropriate for the lateral hypothalamus: in its intact state it serves to keep the animal from losing fat tissue (Nisbett, 1972, p. 435).

Since people are different sizes and shapes, "it is possible that the *hypothalamic centers defend different baselines in different individuals,* maintaining whatever set point has been established by heredity and by nutritional conditions during the malleabie period of childhood" (Nisbett, 1972, p. 435).

The basic idea is that each person has a physiologically determined set point, or a range of weight, the body maintains. The set point is an internal mechanism which adapts the body to the environment. Theoretically, the metabolic rate and appetite are set at an individual level based on weight and fat/lean body ratio. The metabolic rate will vary depending upon the amount eaten so that the weight range can be maintained. When an individual begins to diet, an initial weight loss of valuable fluids and muscle tissue is lost. After this, weight loss slows down because the metabolic rate has slowed. The central nervous system, or set point, is counteracting the decreased food intake. The body does not know it is purposely being deprived of food so it reacts as it would under conditions of starvation or famine: it slows the metabolic rate and begins to store fat. The body's reaction to decreased food intake had evolutionary and survival significance; during times of famine, the body could survive on fat storage and minimal food intake. Continued

dieting or successive diets are doomed to failure because the body reacts more quickly after it has experienced semi-starvation. In other words, repeated dieting may cause the set point to raise as the body adjusts to the decreased intake by storing more fat. As the set-point raises the dieter will have to restrict more and more to achieve any decrease in weight (Bennet & Gurin, 1982; Rossi, 1988; Rothblum, 1990, 1994; Surrey, 1984).

In general, women have slower metabolisms than men since the metabolic rate is partially set by lean to mass ratios. Fat tissue is more metabolically inert than lean tissue which helps maintain the slower metabolic rate. Sex-linked hormones influence fat storage and fat cell development. Milestones in female development, including puberty, pregnancy, and menopause, augment the production of sex-linked hormones and subsequently, fat storage. Dieting during puberty when weight gain is being established, may be destructive to healthy development (Rodin, Silberstein, & Striegel-Moore, 1984).

## Physical Changes During Adolescence

> *It is important to realize, though, that the symbolic association of fatness with fertility may be a cultural intuition of a biological reality - that is, the close connection between female adiposity and reproductive capability.*
>
> *(Gordon, 1990, p. 77)*

During puberty there are many changes which normally occur for females for the onset and maintenance of the reproductive cycle that can be influenced by nutrition. Later, it may also affect level of reproductive functioning, length of reproductive ability, and the efficiency of the cycle. Under nourishment may cause later onset of menstruation, subfecundity (reproductive ability at a reduced level), irregular cycles, anovulatory cycles (suppressed ovulation), amenorrhea when 10-15% of body weight is lost, longer intervals between births, more miscarriages, and shorter time to menopause. But due to better nutrition, the average age of menarche is 12.6-12.8 (1983 stats). From this it can be assumed that puberty is beginning earlier because menarche is quite late in the process (Frisch, 1983).

For females, puberty frequently causes a rapid weight gain; by maturity many women have twice the body fat of men. Research has shown that menarche occurs when a critical body weight and body fat composition have been reached with the body fat at 22-24% (Warren, 1983). Just as lean to fat ratios are higher, women must also have higher set points for weight (and consequently fat storage), because infants are completely dependent upon them for nutrition (Bennet & Gurin, 1982). Since menarche is beginning earlier, critical fat percentages are being reached more quickly. Both absolute and relative amounts of fat are important. Lean mass and fat must be in the absolute range and within an

individual range for successful reproduction. In other words, there is an individual, relative range in which a female can live and function, but fat percentage must stay in the absolute range for reproduction.

Both too much and too little fat can disrupt the reproductive cycle. Research has shown (for Whites only in North America and Europe) that by age 16 body fat should be around 27%, and 28% by age 18. For the onset of menarche or to restart menstruation after amenorrhea, 17% body fat is needed until age 18. After 18, 22% body fat is needed for the restoration of menstruation (Frisch, 1983). It is important to note these statistics are averages across women and ideals for healthy reproduction. These statistics are important when comparing the body fat composition of the media ideal body and a typical body in the average population of females; the large discrepancy between the two demonstrates the implausibility of attaining the media ideal body for most women.

## Cognitive Changes During Adolescence

> *All of us, actors and spectators alike, live surrounded by mirrors. In them, we seek reassurance of our capacity to captivate or impress others, anxiously searching our blemishes that might detract from the appearance we intend to project. The advertising industry deliberately encourages the preoccupation with appearances.*
>
> *Christopher Lasch, 1979*
> *(cited in Featherstone, 1983, p. 28)*

Cognitive changes during adolescence are vital in the development of body image, body esteem, and vulnerability to the media images. Egocentrism affects the behavior, speech, communication patterns, fantasies, and daydreams in people of all stages of development. Jean Piaget's perspective on egocentricity involves the adolescent's inability to completely differentiate the self from the external world and the tendency to interpret the world in terms of the self (Mitchell, 1992). Piaget viewed it as a negative by-product of an emerging mental system because it corresponds to fresh cognitive problems inherent in that system.

In formal operations, beginning around age 12, the young adolescent can conceive of many possible mental representations. She has the capability to understand the relation between hypotheses and facts; she can construct all possibilities in a system, even ones which are contrary. Through experimental thinking, she can test one hypothesis, while holding many others in her mind (Elkind, 1974, 1979). She also has the ability to comprehend abstract, scientific, and philosophical thought, and use higher intellectual processes such as advanced reasoning skills. She can conceptualize and represent her own thoughts and feelings and the thoughts of others by taking the self as the referent. The

adolescent can think about her own thought in a complex combination of variables, as Elkind explained,

> Formal operational thought not only enables the adolescent to conceptualize [her] thought, it also permits [her] to conceptualize the thought of other people. It is this capacity to take account of other people's thought, however, which is the crux of adolescent egocentrism (cited in Mitchell, 1992, p. 22).

As a result of her new abilities, she suffers diminished confidence and becomes self-critical as she measures herself against adult standards (Elkind, 1974).

Mitchell (1992) describes two characteristics of egocentrism; one is that the adolescent lacks differentiation between the self and the objective world, and the second is that the adolescent understands and explains the world with the self as the primary referent. Now that she can think about her own thinking, she falsely assumes that others are also thinking about her. She becomes overly preoccupied with herself; "How [she] is thinking and feeling at a given moment, and what [she] will do based on those thoughts and feelings, become the primary topics--more salient, for example, than coping with the expectations conveyed by parents and teachers" (Cowan, 1978, p. 289).

Adolescents assume that the issues which affect them personally also affect their peers (Cowan, 1978); since she fails to differentiate between what others are thinking and her own mental preoccupations, she falsely assumes that others are as obsessed with her as she is with herself; "This belief that others are preoccupied with [her] appearance and behavior constitutes the egocentrism of the adolescent" (Elkind, 1974, p. 91). Since she cannot really read the thoughts of others, she uses assumptive psychologies to explain psychological confusion. For example, omnipotence of reflection is a cognitive distortion in which the adolescent believes she can read others' thoughts especially when the assumed thoughts correspond to her fears and anxieties, such as about her developing body (Mitchell, 1992). Her preoccupation with herself makes her more self-centered and less aware of concerns and feelings of others (Cowan, 1978).

Due to this preoccupation with oneself, the adolescent is surrounded by an audience of her own creation. The egocentrism results from the inability to differentiate between what is produced by her own thinking and what is truly a reaction from others (Mitchell, 1992). The imaginary audience is continually constructed by the adolescent and she is always reacting to it as Elkind stated, "It is an audience because the adolescent believes that [s]he will be the focus of attention; and it is imaginary because in actual social situations this is not usually the case unless [s]he continually makes it so" (cited in Cowan, 1978, p. 292). The combination of being able to conceptualize others' thinking, the inability to

differentiate interests and concerns of the self and others, and the incessant preoccupation with the self, facilitates the creation of the imaginary audience (Elkind, 1979). The imaginary audience can be either self-critical or self-admiring depending on the adolescent's predominant mood. The imaginary audience increases self-consciousness, the need for privacy and may create feelings of shame, a continuous torment for the adolescent (Cowan, 1978). Shame may result from the reaction of the imaginary audience to one's inner thoughts which is ultimately oneself. The exposure of the inner fantasy to the imaginary audience is painful because it represents thoughts which may not be socially acceptable. "The imaginary audience holds all the pleasure and pain of a real audience; the difference of course, is that one is fictional and the other real" (Mitchell, 1992, p. 41). In social situations, the adolescent tries to anticipate the reactions of others to herself. When meeting others, especially males, she is overly preoccupied with their reactions; she is focusing on impressing the audience (Elkind, 1974). Elkind describes this process, "When these young people meet, each is more concerned with being observed than with being the observer...each is simultaneously an actor to [her]self and an audience to others" (cited in Cowan, 1978, p. 292).

The adolescent often develops a personal fable which is a story about herself which is not true. The personal fable is the belief that her experiences are unique and above the consequences of reality (Freedman, 1984). Mitchell (1992) provides a precise definition of the personal fable, "The adolescent's belief that he (or she) is a totally unique person whose experiences are more emotionally profound, and whose thoughts are more intellectually advanced, and whose fears are more fearful than anyone else's" (p. 44). Her specialness, which is concentrated on her unique feelings and immortality, places her above the realm of natural laws. Because of the personal fable, the adolescent cannot differentiate between what is unique to the self and what is common to humankind. Usually the opposite is employed; the adolescent thinks what is unique to self (My hips are too wide) is common to all; and what is common to all (wants, needs, emotions), the adolescent thinks are unique to the self. The personal fable accounts for feelings of invulnerability which result from the young person's belief that she is special and shielded from harm. Most of the personal fable disappears with sharing of intimacies through which the adolescent can explore the uniqueness of others (Elkind, 1979).

Adolescent egocentrism often manifests itself in some typical patterns which relate to the acceptance of the ideal standard and body image dissatisfaction. Assumptive realities are assumptions about reality which are made with little supporting information and are not disregarded in the face of contradictory information, for example, "I am the ugliest girl in the class" (Mitchell, 1992). The adolescent tends to use affective logic or emotions to

explain why things happen. She does not accept or deny ideals and beliefs based on their truth but on how they affect her emotionally (Mitchell, 1992). "Egocentrism does not distort everything - only that which presses upon one's desires, needs, or beliefs" (Mitchell, 1992, p. 43). These characteristics facilitate body image concerns as the adolescent attempts to integrate the newly developed parts of her body and facility in thinking with the media presented thin standard.

## Sociocultural Influences on the Female body

### History

> *Ours is an age obsessed with youth, health and physical beauty. Television and motion pictures, the dominant visual media, churn out persistent reminders that the lithe and graceful body, the dimpled smile set in an attractive face, are the keys to happiness, perhaps even its essence.*
>
> *S. Kern, 1975*
> *(cited in Featherstone, 1983, p. 19)*

Following is a discussion of the historical trends of the body in America, but considering the influence that the United States has had on Canadian culture through the media, historical milestones which are similar, and the apparent acceptance of the standard by Canadian citizens, the following historical context has important implications for the development of the thin standard in Canadian society as well.

In the beginning of the 1900s, people had to deal with a high infant mortality rate, maternal death, illnesses, malnutrition, and short reproductive years, each of which reduced living, healthy offspring, and increased the importance of the appearance of maternal vitality (Bennet & Gurin, 1982). Moderate amounts of fat represented elegance, energy, strength, emotional stability, good temperament, innocence, disciplined habits, and good health (Seid, 1994). Large hips and bust and a narrow waist to emphasize the largeness represented reproductive capability, "the maternal ideal" (Rothblum, 1994). Although this ideal was not obese, it was heavier when compared to the current media ideal body.

Schwartz (1986) cites the slimming trend as beginning as early as the 1880s although others note the change occurred later. Slimness became associated with social status because upper class women were seen as unfit for productive and reproductive work. While appetite was linked to sexuality, lack of self-restraint, and bodily excrement, heaviness was associated with the lower, working class (Brumberg, 1988).

By the turn of the century, thinness as an ideal had spread down the social ladder to the working class. As the industrial revolution progressed and the importance of speed,

motion, and essential form increased, heaviness was viewed as impeding a person's ability to move: fatness disrupted the flow of movement. As a result, the characteristics of gluttony, inefficiency, lack of energy, and imbalance were ascribed to the overweight person (Schwartz, 1986). The new thin ideal was

> the modern expression of an industrial society confused by its own desires and therefore, never satisfied. On the one hand, we seem to want more of everything; on the other hand, we are suspicious of surplus. Increasingly perplexed or intimidated by abundance, Americans have taken the protocols of slimming as the protocols for social and spiritual renewal (Schwartz, 1986, p. 5).

Olin Atwater, offended by the gluttony, began conducting nutrition research in the 1880's and developed nutrient tables, although they were largely inaccurate. His research was one milestone which began the war on fatness; a war that began because of overconsumption, and not an obsession with fashion (Schwartz, 1986).

Studies conducted in 1912, 1914, 1919, 1923, 1929, 1932, and 1937 confirmed the erroneous perception of society that being 5-10 pounds overweight was riskier than being underweight. Data from these studies were extremely unreliable and confounded. The reports made no concessions to maturity, that people put on weight after age 35, and that being overweight is not unhealthy until 20-30% above average. Researchers, physicians, and society refused to accept neither average weight as the healthiest beyond adolescence nor the inherent threats of being underweight. In 1924, height/weight/age charts were adjusted downward, based on desirable weights and consequently, 50% of people over age 35 were overweight. As a result of the lowering of acceptable standards towards the ideal, society reflected an extreme intolerance of weight; women grew two inches and only six pounds in 60 years. Americans were not getting heavier, just more intolerant of weight (Schwartz, 1986). When the tables were revised in 1979, people were heavier and living longer, thus the ideals were raised 10-15 pounds (Rothblum, 1990).

With the beginning of the war on fat, heavy people were slowly becoming self-conscious and less secure; fat was no longer a symbol of power and control or prosperity. Society was embarrassed by the overweight and mocked them in cartoons, using derogatory language to describe them. When the scale became a household item, both bodies and food were weighed because "the measured body" could keep track of dieting. Weight began to carry moral imperatives; fat was referred to as dead weight and it was personified as a monster or a sin (Schwartz, 1986).

Fat people were expected to control themselves through the control of their desire for food. The diet market, to quell the desire for food, began producing many anti-fat and

fat-reducing "medicines", thus communicating that a fat body is a sick body. Fat became associated with other qualities such as sweat, bad breath, and body odor. Specific rules were made and supported by societal institutions, such as medical establishments, to control food intake. For example, women were expected to eat 20% less food than men (Schwartz, 1986).

In the past, Christianity had entertained fasting under the guise of moral asceticism and incorporated it into its dogma. In Medieval society, fasting by women was considered saintly; a thin body, associated with the aura of saintliness, was a mere by-product of the fast. This was called "anorexia mirabilis" or miraculously inspired loss of appetite (Brumberg, 1988; Rossi, 1988). By 1846 the church neglected fasting by starvation and redefined it as scrimping on food, skipping a meal, or holding oneself to plain foods; total abstinence was no longer admired or necessary during this time of abundance. Beginning in 1880 and lasting to World War I, fasting grew in acceptance but not for moral asceticism; fasting was a way of gaining control of the body. Fasting and the drama of starvation became a spectator sport. As fasting became more acceptable and popular, the incidence of anorexia increased and anorexics were recognized as a new class of patients, although they were still ogled. By 1896 daily "fasting" was demanded of everyone by skipping breakfast, a gluttonous desire. In 1900 when constipation, resulting from over and hasty eating, lack of exercise, and poor hygiene, became society's neurotic concern, fasting was the best medicine. Later during the suffrage movement, many women used hunger strikes for political reasons but in this case, they were mocked and force-fed. For these women fasting was a virtue and a moral victory for the movement and force-feeding was like medical rape (Schwartz, 1986).

At about the same time, people began counting calories with the idea of maintaining a high level of energy with the littlest amount of food. The trend still considered dead weight a liability in the flow of movement. By 1900 scientists had a limited understanding of a calorie but a fairly good understanding of metabolism, the secret to losing weight. The only confusion and problem they could foresee centered on the individuality manifested in the rate of metabolism. Because of the individuality inherent in metabolic rate, it appeared to violate laws of energy conservation; confusion led to placing the blame on the fat person. In 1910 hunger and appetite were explored and defined by their psychological processes. Hunger was unconscious and primitive, a belief that would remain for about 40 years (Schwartz, 1986). On the other hand, appetite was "deceptive, conscious, psychologically diffuse, stricken by emotions and fixed by habits" (Schwartz, 1986, p. 194), and therefore, the individual could control it.

After 1910 the slender body accelerated in popularity for a number of reasons: the movies as mass entertainment, resurgence of physical activity including the dance craze, rising hemlines which changed the look of women's bodies, and the increased use and acceptance of contraceptives. One expression of women's liberation was the thin body and the less restraining clothing. But as the new liberation began to represent a freedom for women, it became oppressively co-opted by the fashion industry (Bennet & Gurin, 1982). During the 1920s dieting became an imperative because of medical pressure to reduce, the flapper style, and the revolution of social and political status for women. "...rapid social change and disintegrating social boundaries stimulate both greater external and greater internal control of the physical body" (Brumberg, 1988, p. 244).

While fasting became a political protest for women's suffrage, thinness represented sexual freedom, childlessness, dangerousness (Hesse-Biber, 1991). The 1920s body symbolized a woman who wanted more than motherhood and domesticity. By the 1920s women's outer, physical beauty had become more important than any inner beauty which increased the importance of controlling appetites (Brumberg, 1988). The style represented a freedom for women, but it was trivialized by the societal system through the image of the "flapper". Banner explained the duality of the 1920s flapper style,

> On the one hand, she indicated a new freedom in sensual expression by shortening her skirts and discarding her corsets. On the other hand, she bound her breasts, ideally had a small face and lips...and expressed her sensuality not through eroticism, but through constant, vibrant movement... The name "flapper" itself bore overtones of the ridiculous. Drawing from a style of flapping galoshes popular among young women before the war, it connoted irrelevant movement and raised the specter of seals with black flapping paws (cited in Hesse-Biber, 1991, p. 177).

In 1918, Lulu Hunt Peters wrote the first best selling diet book designed for women. She felt that women must suffer to be beautiful (thin) through self-denial. Her book helped to develop the link between dieting and conscious control of weight through caloric restriction. Overweight began to connote lack of control and constituted a failure of personal morality (Brumberg, 1988). In 1918 a Vogue article stated, "There is one crime against the modern ethics of beauty which is unpardonable; far better is it to commit any number of petty crimes than to be guilty of the sin of growing fat" (Brumberg, 1988, p. 243).

Ready made fashions and standard sizes increased the emphasis on body size by norming the size ranges. As fashion photography became a profession with the growth of

modern advertising, models became thinner because the new fashions looked better on a slimmer figure and to compensate for the distortion of the camera (Brumberg, 1988).

During World War I food conservation, a civil defense, became important because of the shortages in fats and sugars. Especially for women, being gluttonous and fat was treasonous; it meant they ate too much and expended too little energy (Schwartz, 1986).

During the Depression, many people reduced to save money. The concern shifted once again from metabolism to that of consumption (appetite) and from the biological to the psychological. During the Depression and World War II, food, appetite, and hunger became a psychological phenomena. Women were considered the mistresses of appetite because they provided food at birth through nursing, they cooked the meals, and during World War II, they became the primary "breadwinners", but they were not expected to partake; an already difficult paradox. Then, they were placed in a double-bind; they were accused of taking jobs from men and neglecting their children. If women were away from home, their children would overeat to compensate for their mother's missing love. On the other hand, if they stayed home, they would express their love and frustration by giving their children too much food. Freudian theory supported a mother's responsibility for her child's weight. Freudian theory stated that fat people ate to feed their inner child and deal with oral fixations; food became a "cannibalistic incorporation" of the maternal breast. Hilde Bruch supported this theory stating the hunger of fat children is rooted in the family since food is a substitute for something lacking or in defense of an overprotective mother (cited in Schwartz, 1986). Not only had women become responsible for their own weight but mothers were responsible for their children's weight.

In 1948 Ester Manz established the first weight loss group, following the 12 step program implemented by Alcoholics Anonymous. Take Off Pounds Sensibly (TOPS) focused on appetite control as a way to lose weight. TOPS was followed by Overeaters Anonymous (OA) in 1960, Weight Watchers in 1961-1963, and a Diet Workshop in 1965. Addiction to food was not the primary motivator for developing and joining the groups, but the shame of fat and appetite which can only be perpetuated by the group was desired; guilt and shame would keep these women motivated. The scale was the judge, but it was private; the groups provided the needed social surveillance. By this time in history obesity had become a personality defect especially for women. They dieted more than men because food and figure tolerances were narrower for them probably because fashions were more revealing. As a result, fatness was more socially isolating for women than for men (Schwartz, 1986).

By the 1950s there was significant knowledge of the effects of fat and cholesterol on the body especially the heart. Before, dieting was to shed dead weight which limited movement, now it was to shed potentially dangerous fat.

From the 1960s onward the diet market expanded and increased sales. In 1950 only 44% of women thought they were overweight, in 1973, 55% stated they were overweight and in 1980 the number jumped to 70% of college women. Dr. Frederick J. Stare at Harvard's School of Public Health warned growing fat was more dangerous than actually being fat, thus slim people had to watch their weight, too. Similarly, Hilde Bruch talked about "thin fat people" because as Dr. Gulielma Alsop cautioned "let no person who has been fat think [s]he is now a thin person in nature, tastes, and temperament" because even the successful dieter is "...only thin in silhouette, in weight, in flesh" (cited in Schwartz, 1986, p. 251). Every germane societal institution began to support the thinness ideal including the media, fashion, insurance, health, and medical. By now "fat phobia" included actually being fat, aversion to fat in others, and any animal fat on your plate. Even though the life span was increasing, society began to see itself as diseased and unhealthy because of the ideal thin standard's unattainability (Seid, 1994).

During the 1950s conservatism, the desired size was 35-25-35 as the maternal ideal was promoted again. But when the bikini became the fashion in the 1960s, extra meat became undesirable. In 1967, Twiggy, 98 pounds at 5 feet 7 inches, hit the stage (Brownmiller, 1984). She had no breasts or hips but she personified the media ideal body image even though she looked like a gawky, bare-boned adolescent.

In the adult population women gained from 2 to 6 pounds and one inch between 1912-1962. During the 1960s and 1970s, weights within each height category increased 3-7 pounds. In 1960 adult women with small, medium, and large builds weighed between 108-116, 113-126, and 121-138 respectively. In 1983 they weighed 114-127, 124-138, and 134-151 for each respective size category. Overweight and obesity began to define normal sized women, and the notion of "ideal weight" incorporated the idea that the weight associated with optimal health and longevity could be predicted by one's height. This solidified the belief that everyone could reach the ideal with perseverance of self-control and will-power (Seid, 1994).

By the 1970s dieting was a national way of life with the prototypical dieter being white, married, employed, well-educated, well off, age 25-44, and from an urban/suburban area. By the mid 1980s the culture of thinness had changed from weight conscious to shape conscious (Schwartz, 1986). The emphasis on physical fitness intensified the perception of personal control of one's body weight. The 1980s also brought in the "lite" diet of vegetables, fruits and cereals and less meat (Brumberg, 1988).

The American preoccupation with fat included adolescence by 1940-1950s, grade school children in the 1960s, toddlers, infants, and newborns by the 1970s, and the fetus in the 1980's. Between 1930-1940, a slim image was still projected, but since adult women were preoccupied with national and economic priorities, the emphasis switched from them to female adolescents (Brumberg, 1986). At the same time it was realized that fat teenagers usually became fat adults. By 1941 scientists understood puberty may cause weight gain, especially fat, in females (Schwartz, 1986). During the 1940s the Ladies Home Journal printed an article which stated, "Appearance plays too important a part in a girl's life not to have her grow up to be beauty-conscious. Girls should be encouraged to take an interest in their appearance when they are very young" (Brumberg, 1988, p. 251). Seventeen also began to support weight control by confirming that slimness is critical in adolescent beauty. From 1944-1948 they published articles on nutrition but nothing on weight control. In 1948, they began talking about overweight as a problem, warning adolescents not to "feed their emotions". Females were expected to begin taming their natural appetites with the onset of puberty (Brumberg, 1988).

During the 1920s children were weighed as an index of nutrition with undernourished children causing increased concern. By the mid 1950s there was significant pressure to incorporate younger people into the culture of thinness realizing childhood weight is hard to lose especially at puberty; fat children became fat adults. Since menarche occurs when average height/weight has been reached and age of menarche had decreased to 12.8 years by the 1960s, it became imperative to attack obesity before puberty. After this it was decided overweight children should be the subject of study as well (Schwartz, 1986).

A study conducted during the 1960s showed that kindergarten aged children disliked their chubby peers. The 1970 White House Conference on Food, Nutrition, and Health, urged screening for obese pre-schoolers. In 1972 Jerome L. Knittle noted that the critical period in the development of body fat happens between birth and age five (cited in Schwartz, 1986).

> The seeming conspiracy against childhood obesity began by the medical, parental and childhood worlds during the 1960s was an illusion produced by the coincidence of three separate movements culminating at the same time: a medical world with sadly triumphant numbers on the permanence of weight; a parental world with three generations of experience of weighing their children and dieting themselves; a childhood world with visual and tactile evidence that weight...might be carried forever (Schwartz, 1986, p. 296).

It was not until 1975 that it was discovered childhood obesity begins during the last trimester of pregnancy, but by the 1920s women were prescribed an average weight gain acceptable during pregnancy to reduce maternal problems during labor and birth, including maternal death. The prescribed weight gain "allowed" was 15-20 pounds, low compared to today's prescribed 25 pounds. Pregnant women who exceed this allotted amount of poundage were placed on diets (Schwartz, 1986). The only way "to shape the body of the infant was eventually to shape the body of the women who bore the infant" (Schwartz, 1986, p. 280).

No societal institution as yet has made an effort to end the pursuit of thinness. Until recently when society acknowledged an "epidemic" of eating disorders, the Duchess of Windsor's edict was accepted, "You could never be too rich or too thin". Added to this is the underlying message that biology is not destiny, and that health equals beauty and beauty equals health. In actuality, the thin ideal only represents the appearance of health (Seid, 1994).

## Notion of "Culture-Bound" Syndromes

*The refusal to regard biology as a starting point is made not because biology belongs in the realm of nature but because, on the contrary, it belongs to culture.*

*Rene Girard, Violence and the Sacred, 1972*
*(cited in Wooley, 1994, p. 24)*

Gordon (1990) listed criteria for evaluating when symptoms common in a culture constitiute a culture-bound syndrome, for example, the drive for thinness. The first criteria stipulates the disorder occurs frequently in the culture, especially when compared to other disorders. The thin standard and the stigma of fat both are avidly accepted among most North Americans. Based on the notion that symptoms lie on a continuum and have elements of normality within them, the disorder is expressed in varying degrees of intensity, including a normal range. On the drive for thinness continuum, one end would characterize the individual who felt no pressure to be or remain thin, and the opposite would characterize the severely eating disordered individual. The symptoms, a final expression of both personal and cultural problems, become a common bond for those feeling the psychological tensions and cultural conflicts. Again the notion of the continuum is important, each individual differs on the acceptance and internalization of the standard. The primary symptoms become exaggerations of everyday patterns and attitudes expressed within the societal system, and often include highly valued behaviors or outcomes. This criteria is especially valid for the eating disordered but applies to non-clinical populations of women. Restraining food, an everyday pattern for some women, is based on the idea that

women must be thin, and have self-control over their biology. Restrained eating, taking appetite suppressants and in some cases, even vomiting, become valued behaviors, because thinness, the most highly cherished attainment, is the outcome. The disordered eating pattern becomes an acceptable way to express distress within the culture, and eventually, only the extreme cases constitute the label of the disorder. The syndrome has a dual nature; on the one hand, it manipulates highly valued behaviors in the culture. Yet when carried to the extreme, such as in the case of the severely eating disordered, it is a model of deviance, inspiring both respect and abhorrence (Gordon, 1990). "These antisocial social values...permit the individual to be antisocial in a socially approved and sometimes even prestigious manner" (Gordon, 1990, p. 129).

The disorder expresses central values and conflicts within the culture, but these psychological tensions are so extreme within the individual developing the symptoms, anxiety results (Gordon, 1990). The disorder is created by social, personal, familial, and cultural reactions (Banks, 1992). In the culture of thinness the socially accepted thin standard promoted by the media was not created by it, but it exploited elemental meanings in Western society's tradition. Thinness became a metaphor for other important values including youth, self-control, self-discipline, and self-restraint: self-preservation (Gilday, 1990). Consumer culture promotes self-preservation by encouraging individuals to combat the natural signs of body deterioration. Woman is close to nature by virtue of her reproductive capabilities. She is an unwelcome reminder of the human condition, aging and death: the inevitable decay and defeat for even the most vigilant individuals. Due to this culture must have the upper hand over women by taming their biology and hunger. The powerful social imperative for immortality compels the societal system to control women's bodies to make them like a machine. This is done primarily through diet and exercise (Featherstone, 1983; Gordon, 1990). The emphasis on body maintenance and appearance in the consumer culture reflects two ideas: the inner body and the outer body. The inner body refers to concerns regarding the health and optimum functioning of internal mechanisms as a way to combat the aging process. The outer body refers to the physical appearance of the body, the movement and control of the body within social space. Within the societal system, the inner and outer body are joined; the primary reason for diligent maintenance of the inner body is for the beauty of the outer body (Featherstone, 1983). Ultimately, the larger cultural neuroticism, including basic ideas of human nature and important values, is played out on a woman's body. The culture-bound syndrome becomes "glamorized" when it represents values important to the culture such as slenderness, self-control, and competition (Gordon, 1990).

## Institutional Power over Docile Bodies

> *Even twenty years ago girls of this kind would have looked different even from girls in the nearest large town; they would have had an unmistakable small town rustic air; but now they are almost indistinguishable from girls in a dozen different capitals, for they all have the same models, from Hollywood.*
>
> *J. B. Preistly, 1933*
> *(cited in Featherstone, 1983, p. 23)*

Foucault used the physical body as the focus of his discourse on society. He began with the question of the body and studied the effects of power and discipline on it. Foucault's central theme was that the growth of systematic knowledge coincides with the extension of power relations especially with the exercise of social control over bodies (Turner, 1982).

Foucault (1975) noted that the distribution of power shifted towards control of the individual around the beginning of industrialization, creating a new discipline against the body which sought to regulate its forces, operations, and efficiency of movements. As stated within the historical context, heaviness was dead weight which slowed body efficiency. "What was then being formed was a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behavior" (Foucault, 1975, p. 138).

The "policy" involved numerous and diverse "techniques" which subjugated the body, beginning the era of "bio-power", or the regulated formation of the social body. Bio-power manifested power over the body's essence in two ways. The first is through the discipline of individual bodies, the political anatomy of the body. This is organized by the interests of the entire population with authoritative control over desire. The other way power manifested itself is through the regulation of the population, or the political biology of the population. This usually includes the entire species and regulates across time as well as between generations, and through space, such as urban or rural communities (Turner, 1984).

The regulated formation of the social body involved individuals at the first level and the entire population at the second. Power was implemented following the same progression. First, power likened the body to a machine.

> The human body was entering a machinery of power that explores it, breaks it down, and rearranges it...it defined how one may have a hold over others' bodies, not so that they may do what one wishes, but so that they may operate as one wishes with the techniques, the speed and the efficiency that one determines (Foucault, 1975, p. 138).

Discipline, implemented with power, involved control over the human body. Then, the focus transferred to the species body with the basis in the biological processes, creating regulatory control of the population. As industrialization increased, people became progressively subordinated to institutional bureaucracy (Turner, 1984). Foucault argued that the effects of power "circulate through progressively finer channels, gaining access to individual themselves, to their bodies, their gestures and all their daily actions" (Bartky, 1988, p. 79). With industrialization, power was transferred from the home or other central authority, such as the monarchy or state, to a more diffuse system of formal and informal institutions (Hesse-Biber, 1991).

As power filters down, the physical body and any form which it takes on through gestures and movement, become controlled and scrutinized by authoritative control. The body is targeted for power relationships because it can be manipulated, shaped, and trained. The body is treated individually with subtle coercion, or discipline, by influencing its activity (Foucault, 1984). "Thus discipline produces subjected and practiced bodies, 'docile' bodies" (Foucault, 1975, p. 138).

The 'docile' or social body reflects Foucault's idea that there is no 'natural' body because the body is continually subjected to cultural pressures, norms and behavior patterns which control and dictate acceptable standards that disallow the natural (Hesse-Biber, 1991). Turner (1984) stated, "it is not necessary to deny the fact that the nature of the human body is also an effect of cultural, historical activity. The body is both natural and cultural" (p. 49). Although Foucault would agree with Turner, he suggested that the pressure and disciplines implemented by the institutions within the culture influence the body to such a degree that the natural body is not realized.

> Power is not exercised simply as an obligation or a prohibition on those who "do not have it", it invests them, is transmitted by them, and through them; it exerts pressure on them, just as they...resist the grip it has on them (Foucault, 1984, p. 173).

This is exemplified by the transmission of the thin standard through the societal system. It could be argued that thinness is a standard which has been set and promoted by women, but as Foucault (1984) suggested they are invested in it, transmit it, and at the same time, resist it. That is the cycle. They want to break it, but there are repercussions if they do: fewer job opportunities, less success, and reduced sexual attractiveness. The primary rule of acceptability is the minimum threshold, an average or optimum goal, which constrains the boundary of conformity. This, in turn, creates a narrow band of acceptable differences and the characteristics of abnormality. Due to women's biological construction, the minimum thin standard is attainable for only a few. "The perpetual penalty that traverses all

points and supervises every instant in the disciplinary institutions compares, differentiates, heirarchizes, homogenizes, excludes. In short, it normalizes" (Foucault, 1984, p. 195). Normal weight dieting and feeling like a deviant regardless of weight has been normalized.

Disciplinary practices to attain femininity produce a "practiced and subjected" body which holds an inferior status; a woman is taught that her body is deficient, yet being feminine is something in which every woman must participate. Bartky (1988) argued that although humans are born male and female, femininity is acquired through behaviors and actions. She defined three categories which help women attain femininity. The first is to attain a body which fits a certain size and shape which includes the amount of space they are allowed to fill. The second category involves the production of a narrow range of acceptable gestures, postures and movements. Lastly, the body is displayed as an ornament. There are precise requirements upon which women's bodies are judged and being judged is an inescapable event. "The disciplinary power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular" (Bartky, 1988, p. 74). While Foucault identified specific institutions which hold the power, Bartky (1988) stated that power is both institutionally unbound as well as institutionally bound. But without a formal institution to influence the direction of the power, it appears that its directives are natural and self-perpetuating. Discipline produced an intensification of abilities and aptitudes while increasing subordination through self-controlled mastery of the body (Turner, 1984). The fashion industry's role in the drive for thinness is a primary example of this. It has perpetuated the acceleration of the thin ideal, an increase in ability and aptitude expectations, as well as self-control of natural desires through reason. The female social body incorporates this duality; the woman is in a double-bind. No individual or formal institution is making her participate in the drive for thinness, but she cannot break out of the cycle because of socially imposed sanctions if she does, so she chooses to become docile.

> A female's body enters 'a machinery of power that explores it, breaks it down, and rearranges it'. The disciplinary techniques though which the 'docile bodies' of women are constructed aim at a regulation that is perpetual and exhaustive -- a regulation of the body's size and contours, its appetite, posture, gestures, and general comportment in space, and the appearance of each of its visible parts (Bartky, 1988, p. 80).

Eventually she internalizes the social body as her own; although she can individuate herself from other bodies, she is also acutely aware of other's perception of her individuated body (Bartky, 1988). Disciplinary power is exercised through its invisibility, the internalization of the thin standard, and yet imposes a principle of compulsory visibility, the body. The

normal thin standard, centered on women's bodies and epitomized by self-control and restraint, has become the institution of discipline against their own docile and social bodies.

During the twentieth century the culture of thinness led to a fitness and dieting obsession which represented a return to the natural life style and social liberation for women. Exercising and dieting illustrate two of Foucault's major themes regarding knowledge and power. They enhanced women's experience of liberation, since aerobic activities and wearing a corset are incompatible. In return, both diet and exercise helped the internalization of the expectations of the medical institution; surveillance and control had become self-imposed.

## Alternative Explanations for the Thin Body Standard

> *The beauty of thinness lies not in what it does to the body but to the mind, since it is not female thinness that is prized, but female hunger, with thinness merely symptomatic.*
>
> *(Wolf, 1994, p. 199)*

Some feminists have offered alternative explanations as to why women strive to be closer to the media ideal body. As explained previously, society is a system which works together; the institutions, the family, teachers, and friends all serve as influences. The influence of the societal system, such as the bureaucratic institutions, specifically the medical and mass communication, is only one feasible explanation. It creates a cohesive system in which everyone is held responsible and must work together for change. In order to acknowledge there are other possible, feasible explanations, the various feminist perspectives will be explained.

Both Rothblum (1994) and Wooley, Wooley and Dyrenforth (1979) compare the drive for thinness to corsets, foot-binding, lip-stretching, and genital mutilation. The cult of thinness constrains women in an indirect, abstract way unlike other "mutilations". Women are in a double-bind: if they do not participate, they are ugly and unmarriable, but if they do, they support the system. Then, the "patriarchal society" states that they have upheld it and support its continuance. Anne Scott Beller proposed that women impose the standard on other women, "...it may be well to remember that, for whatever reasons, the present model is one that has by and large been imposed on women by women..." (cited in Wooley, Wooley, & Dyrenforth, 1979, p. 87).

The desire for thinness is perpetuated by the powerful cultural imperative that makes slimness the primary attribute of feminine characteristics (Brumberg, 1988). A woman who is underweight or constantly on a diet is preoccupied with food making her

appear weaker, less independent, less assertive, and too preoccupied to care about attaining equality (Raphael & Lacey, 1992).

Female consciousness has split into two opposing directions. Feminism uses metaphors of 'expansion of consciousness', 'enlargement of female opportunity' and 'widening of female horizons' while the culture of dieting uses 'reduction', 'narrowing', and 'smallness' to keep women in place (Gordon, 1988). A beautiful woman is less visible and occupies only a minimal amount of space. This is enforced by creating fashions which reduce movement such as bras, high heels, and mini skirts (Brown, 1985).

New social roles have also caused confusion for females. They must achieve and perform yet retain femininity (attractive, pleasing, and unassertive). They must also devalue femininity in spite of and because of feminism. These two roles are in conflict, only the idealized "superwoman" can effectively achieve both. Women who compete with men in sexual, academic, and occupational arenas must fit the ideal more closely (Gordon, 1988). Based on an historical analysis of two ladies magazines, Silverstein, Perdue, Peterson, Vogel, and Fantini (1986) found when the number of women increased in the professional world or graduated from college, the body standard became less curvaceous. In another study using two popular women's magazines, Silverstein, Peterson, and Perdue (1986) found that as the image became less curvy, college women became slimmer as well.

Steiner-Adair (1994) stated that the thin ideal is a "symbolic statement about our culture's unhealthy infatuation with autonomy and independence, and its failure to value interdependence symbolically associated with the rounded female body" (p. 387). A beautiful woman is small and exhibits minimal evidence of secondary sexual characteristics. On the one hand her body mimics the idealized young man's; she must look like him to compete in his world (Brown, 1985). On the other hand, she must be physically weak. The thin woman's body also mimics a child's body, someone again who is dependent and malleable (Raphael & Lacey, 1992).

## Participating Medical Institutions

> *Over 99% of us are born healthy and made sick as a result of personal misbehavior and environmental conditions.*
>
> *J. H. Knowles*
> *(cited in Brownell, 1991b, p. 306)*

Many institutions within the societal system participate in the creation and promotion of the standard, including the toy industry, the family, schools, cosmetic, beauty, diet, health, medical, and media. The scope of this thesis will cover the mass media as reflected in advertising and the medical institution. Specific aspects of medical

practices, such as cosmetic surgery will not be detailed. These two institutions have been chosen as "example" institutions which promote the ideal body standard because they are global and pervasive influences within the societal system.

In many ways the endorsement of medical institutions has cause insecurity about health and the body where none may have lain before, and these insecurities are manipulated by the media. Reports have also promulgated the belief that we are responsible for our health. In 1979, the United States Department of Health and Human Services (USDHHS) through the office of the Surgeon General, Healthy People Report, indicated that 50% of mortality was due to life style and unhealthy behaviors with personal behaviors as the number one cause of death. In 1990, USDHHS Healthy People 2000 Report reported that declines in death rates were attributed to personal behavior changes (Brownell, 1991b).

The medical institution has been important throughout history in influencing the cultural drive for thinness; it supports the regulation of the body by policing acceptable practices for the body. The medicalization of bodies as an institution runs deep in our culture (Turner, 1984). Within the medical practice, women's bodies were analyzed, qualified, and disqualified due to its intrinsic pathology. Women's bodies and sex were medicalized for the health of their children, the solidarity of the family institution and the safety of society. A woman was as important as her ability to function in the following roles: the "social body" (regulated reproduction), the family unit (in the functional mother role), and for the life of the children which the "social body" had produced and was morally obligated to care for until they reached adulthood. The only intervention for regulation required individual discipline and restraint (Foucault, 1978).

The increase in scientific knowledge does not liberate the body from external control but rather intensifies the means of social regulation. With the industrial revolution, medicine could work in conjunction with capitalists in the name of production by working in a direction which eliminated irrational practices of consumption if they were inefficient (Turner, 1982). One specific example of a doctor helping a company save money in claims involved Dr. Oscar Rodgers. In 1901, life insurance companies began to look for ways to save money. Dr. Rodgers, working with the New York Metropolitan Life Insurance Company, stated that overweight people were more likely to live shorter lives (Rothblum, 1990). Between 1901-1941 "overweight would be statistically implicated with death, the range of variation in acceptable weight would be narrowed and the typical weight gains of middle age would be declared unsafe" (Schwartz, 1986, p. 155). As a result both the insurance companies and medical practices were promoting an ideal body weight which was thinner than the previous fifty years. By the 1920's health warnings about weight and dieting went together (Brumberg, 1988). The first height/weight charts were based on

population averages, implying average was acceptable, but the population averages were based on White, male applicants, age 59 or older, from Northern European decent, living primarily in the Eastern United States with high incomes, therefore, the charts were largely inaccurate. These tables were created with the assumption that weight does not change after age 25, and that lower weight people would live longer (Rothblum, 1990).

Throughout the years the medical profession has supported and endorsed many practices for women which were not conducive to their physical health. Wearing a corset which crushed internal organs and caused stomach and spine muscles to atrophy was supported by the medical profession (Rothblum, 1994). As stated before, the medical institution is supporting diets, even among normal weight women, even though the research has shown that dieting is generally ineffective (Cahnman, 1968). In our "weight obsessed culture...no price is too high for thinness, including health" (Collins, 1988, p. 229). Lastly, the medical institution has also supported the rising practice of cosmetic surgery (for a lengthy discussion of this refer to Wolf, 1994).

## Participating Media Institutions

> *...the potential impact of the media in establishing identificatory role models cannot be over-emphasized.*
>
> *(Garner & Garfinkel, 1980, p. 652)*

Before we can understand how the media influences adolescents, we must understand how they create social reality. Youth seem to develop their ideas about social reality from concurrent experiences in a variety of contexts. Social reality refers to attitudes, norms, and roles that become the basis of our social interactions. This reality is socially constructed in that facts and events do not have a universal meaning apart from the adolescent who observes and interprets it within the social context. Television influences the world view of the adolescent by showing representations of everyday life. For most adolescents, television images are not seen as an "objective reality" because they have many other referents by which to correct television images. They may become real though, when the adolescent applies everyday meanings to them. In many ways adolescents choose television programs which reinforce their social reality and referents, and conversely, their social interactions reflect the type of programs they prefer to watch (Peterson & Peters, 1983).

Television often presents an unrealistic and idealized picture of what life should be like. Advertising "does not claim to picture reality as it is but reality as it should be--life and lives worth emulating" (Richins, 1991, p. 71). Consumers, both consciously and subconsciously, compare themselves to these images, and bet on the promise that use of

the product will bring life closer to ideals (Richins, 1991). At first women generate, absorb, or reinforce a mental representation of the ideal female body. According to this "cultivation analysis", the perceptions of viewers would be negatively affected because their experience of social reality corresponds to television reality rather than everyday experiences, and this effect would increase with more viewing or extended exposure (Peterson & Peters, 1983). To ensure that those who are presented in the media conform to the idealized images, body transformation procedures were created including plastic surgery, liposuction, make-up, hair care, and wigs. Although advertising generally allows for fixed physical characteristics, such as height and bone structure, certain other qualities are considered to be plastic, easily molded, and with perseverance, a desirable body can be achieved (Featherstone, 1983). As females become more "cultivated", they adopt the mainstream view of social reality, which, in this case, is the thin body standard. They negotiate a "possible self" from the socially represented ideal body and the limitations imposed by genetically determined traits. The "possible" image represents an individual ideal. Then, the perceived discrepancy between idealized shapes and their own shape leads to feelings of concern (Myers & Biocca, 1992).

Ideas within consumer culture are presented through a variety of media which are available daily to the public, including television, radios, movies, magazines, and fashion. Stuart Ewen noted that business men in the 1920s created new markets to absorb the mass production and abundance. He stated, "Advertising offered itself as a means of efficiently creating consumers" (cited in Featherstone, 1983, p. 20). These new markets created new needs, desires, wants, and buying habits. During this time, a period of great change for both men and women, advertising helped to dissolve Puritan notions of thrift, patience, steadfastness, abstinence, and moderation. Currently consumer culture uses body insecurity as the primary method to create new needs and desires (Featherstone, 1983; Hesse-Biber, 1991).

> Advertising thus helped to create a world in which individuals are made to become emotionally vulnerable, constantly monitoring themselves for bodily imperfections which could no longer be regarded as natural... concentrating increasingly on a type of copy aiming to make the reader emotionally uneasy... (Featherstone, 1983, p. 20).

Advertising has been used as an instrument to encourage individuals to consume commodities of desire such as sex, beauty, youth, luxury, and self-improvement. Body ideals are used to promote products which have nothing to do with body adornment, for example, cars or beer. A president of a major marketing research and consulting firm stated in the Journal of Advertising Research:

> User imagery is created by advertising through prototypical bonding or...by associating certain traits, such as a particular body shape, with a user. Both product users and non users internalize these body shape images (ideal or actual) and then use them to help define their self image of what they are and are not. Thus, many spokespersons, presenters, and product representatives are selected on the basis of their physical appearance, image, and most importantly, their perceived ability to bond the consumer to the advertised product by communicating body shape benefits in a convincing and motivating manner (cited in Myers & Biocca, 1992, p. 128).

Mass communication industries are not totally autonomous cultural institutions; they reflect cultural stereotypes and underlying power structures. Throughout the years cultural values have been exploited within the advertising world to achieve a morality which fits today's values, an ever transient movement of valuation (Featherstone, 1983). Much advertising, as is done today, persuades the wary viewer to adopt particular views because institutions, such as the medical practice, support their claims.

Women are taught to rely on their "natural traits" of beauty, nurturance, and charm. This leads to a double bind: appearance is essential to social success and body weight is important to physical appearance. Ferguson, who outlined a detailed content analysis of women's magazines over the past century, stated,

> ...women's magazines collectively comprise a social institution which serves to foster and maintain a cult of femininity...In promoting a cult of femininity, these journals are not merely reflecting the female role in society; they are also supplying one source of definitions of, and socialization into that role (cited in Hesse-Biber, 1991, p. 180-181).

New communication industries became agents of external control over women's bodies and began marketing body image distortion. Distortions characteristic of the severely eating disordered are currently used in fashion advertisements, for example, the calf is larger than the thigh (Gordon, 1990). Kuhn described this photographic "trick"; "...photographs are often composed in such a way that a particular body part is greatly emphasized...[A]n abstracted bodily part other than the face may be regarded as an expropriation of the subject's individuality..." (cited in Wooley, 1994, p. 42). But still, current standards of beauty and fashions are inseparable. The current fashions reveal more of the body and now the average woman is increasingly aware of bodily flaws. Today's fashions exemplify the clash between the ideal body and female biological reality: miniskirts and 'thunder thighs' or halter tops and 'spare tires' (Seid, 1994).

Although there is no definitive word on the impact of advertising, it does appear plausible that the comparison of the self with the ideal would result in dissatisfaction (Richins, 1991). Myers and Biocca (1992) conducted a study to discover the effects of programming and commercials presenting the ideal body on female subject's self-perceived body images and moods. They found that watching less than 30 minutes of television can alter body shape perception. Media has also been found to have an influence on the way in which people interact. For example, Kenrick and Gutierres (1980) found that potential romantic partners were rated more critically after exposure to a beautiful media female. In another study the number of articles under "diet" in the Reader's Digest to Periodical Literature fell by 50% between 1955-1965, but by 1965, they increased by 70%, especially in women's fashion magazines (Wooley, 1994). This trend corresponds with the changing body shape in the 1950s and 1960s. Silverstein, Perdue, Peterson, and Kelly (1986) conducted two studies that demonstrated again that body attractiveness presented on television and in magazines is slimmer and oriented towards dieting and exercise for women. Silverstein, et al. conducted two other studies based on magazines spanning 1900-1980. They found models are less curvy now than in the 1930s. Even though body standards may not be started by the media, it is promulgated and disseminated by it.

## Concluding Comments

> *Reading the literature on female socialization reminds one of the familiar image of Cinderella's stepsisters industriously lopping off their toes and heels so as to fit into the glass slipper (key to the somewhat enigmatic heart of the prince) -- when of course, it was never intended for them anyway.*
>
> *Judith Long Laws*
> *(cited in Boskind-Lohdahl, 1981, p. 248)*

The topics discussed throughout the review of the literature reflect some of the sociocultural influences over the body. The societal system, through ubiquitous methods, influences the look of females. The ideal body opposes women's biology, and the repercussions of being a deviant are multitudinous. Many factors, power over docile bodies, morality of weight, and cultural values throughout history, have helped the internalization of personal responsibility for being overweight. This has led to an increase in dieting and body image dissatisfaction regardless of weight as well as the incidence of eating disorders. The review of the literature was used in the development of the survey and interview questions discussed in the next chapter on method and design of the current study. Many of the ideas explored and detailed in the method and design of the research project were a direct result of the available research and literature on body image and the

media's portrayal of an unrealistic standard of beauty. An understanding of the sociocultural perspective is essential to the dynamics in the conflict between societal expectations and women's bodies. As a result of the influence of the pervasive media body standard and the possible repercussions for revealing their natural body, women are like Cinderella's stepsisters, only they are keeping their toes and heels; now it's breasts, stomach, and fat that is being tucked, sucked, stapled, taped, and watched with increasing vigor...all for what? A journey without an end; a rainbow without a pot of gold; a glass slipper that cannot fit anyway...

# CHAPTER THREE
# RESEARCH METHOD AND DESIGN

The method used in the current study researching body image among teenage females included two parts: a general survey of adolescent females in a school setting and in-depth interviews with a small group of respondents.

After reading relevant literature and research, a survey was developed. The survey served to broadly examine females' understanding of the thin ideal body standard presented by the media and how they feel about their bodies as well as to obtain potential participants for the in-depth interviews. On the survey the participants were required to respond to questions regarding their perception of the thin body standard and how they feel about their bodies. They rated the frequency of acceptance of the body-image standard.

After the surveys were completed, a selected number of subjects were requested for participation in in-depth interviews. In the interviews the participants explained their feelings about their bodies, and what they thought had influenced their feelings towards their bodies. They were also asked to write their thoughts and feelings about their body awareness in a journal. The interviews and journals allowed the acquisition of richer data about the relationship between the promotion of the thin standard throughout the societal system and the experience of body image dissatisfaction.

## Ethical Practices

Part of the requirements for conducting this research project included approval from the Department of Educational Psychology Research and Ethics Committee, University of Alberta. Approval from the Committee indicates they agree adequate steps were taken to ensure ethical practices. Approval from the Committee was obtained on April 12, 1995 indicating that research with the participants could begin (Appendix A).

The principle and guidance counselor from the school also reviewed the survey and consent forms and concurred that ethical practices were taken. The ethical guidelines as outlined by the guidance counselor were followed. Consent forms were obtained from the parents and the participants (Appendices B and C). These detailed the nature and purpose of the study, confidentiality, audio-taping procedures, and parental and participant rights throughout the interview process.

## Selection of Participants

After receiving names of guidance counselors in area high schools, a school in a suburb of Edmonton, Alberta was chosen for participation. This school was selected because the guidance counselor expressed interest in the topic and was willing to make herself and students available. She was also confident that a high number of students would be willing to participate.

## Survey Participants

The survey sample included 58 females from a predominantly White, middle-to-upper class high school, in a suburb of Edmonton, Alberta. All were enrolled in an optional class during the first three periods of the day. The sample of females included 56 White students and two ethnic minority students: one who was East Indian and the other one, Black Canadian. All of the students in the sample were in grades 10, 11, and 12 and between 15 to 18 years old. Since satisfaction with one's body is not generally found to be related to body size, no weight or height limitations were set. Weight ranged from 100 to over 200 pounds (132.8 pounds average) and height ranged from 4 feet 10 inches to 5 feet 11 inches (5 feet 5 inches average).

## In-Depth Interview Participants

The sample of participants for the in-depth interviews were taken from those who provided their names and phone numbers indicating their willingness to participate. Females were chosen whose scores from the survey indicated more dissatisfaction with their bodies. The guidance counselor at the high school agreed to participate in an interview on the experience of working with females in the school population.

The survey requested that participants include their names and phone numbers if they were interested in being interviewed. Seven participants were selected from the 18 that included their names on the survey. These seven were contacted and all expressed interest again in participating. Parental information and consent forms were sent home of which five were returned. Of the five participants, three were 15 years of age in grade 10, and the other two were 17 years of age in grade 11. Their height and weight, as indicated on the survey, ranged from 4 feet 10 inches to 5 feet 6 inches and 100 to 190 pounds, respectively. All of the participants were White. Other characteristics specific to individuals will be discussed in Chapter Five, Participant Profiles. Each participant was given a pseudonym to protect her true identity when her confidential data is discussed.

## Empirical Test Information

### Research Instrument: Survey Development

The survey was designed for this research project. The survey format and questions were created based on the literature. Many of the current questionnaires available did not meet the needs of the study because they concentrated on aspects of body image in which I was not interested, and on eating disorders. Although many of these instruments were explored, the final questions were developed from reading the literature as they pertained to the focus of this thesis.

The survey was developed in conjunction with a consultant from the Center for Research in Applied Measurement and Evaluation (CRAME) at the University of Alberta. Many drafts of the survey were produced and edited so that the face validity indicated that it would test body image dissatisfaction and acceptance of the thin bodily standard. Editions also improved upon the readability and "look" of the survey. The final copy was reviewed by another consultant from CRAME for an objective critique (Appendix D).

A pilot study was conducted after receiving approval from the Ethics Committee. Three males, age 15, 16, and 19 who were interested in the topic, read the survey to check the wording and verbally responded to the questions. Changes were made from their suggestions. A convenience sample of nine females, ages 15 to 19, filled out a copy of the survey, but only seven were returned. The pilot study was conducted to "eyeball" the data as well as see if it was presented in a manner conducive to the statistics and hypotheses.

### Survey Purpose and Content

The survey was a paper and pencil booklet given to each female to be completed silently. Each survey took between 15 and 30 minutes. The instructions detailed the nature and purpose of the survey and reminded each female of the voluntary nature of it. A verbal introduction was provided as well to reiterate important instructions, the voluntary nature of the survey, and the importance of responding with her honest feelings.

The survey served as a basis for comparison, quantitatively, between the participant's endorsement of the thin standard and the extent female adolescents feel body image dissatisfaction as well as a screening devise for potential interview participants. The specific purposes of the survey were to discover to what extent female adolescents (a) accept the thin standard, (b) think their friends accept the thin standard, (c) change their eating and exercising behavior so their body conforms to the standard, (d) think their friends change their behaviors to conform to the standard, (e) are influenced by the standard regarding the way they feel about body features and proportions, and (f) think

their friends are influenced by the standard with regards to body image concerns. Since adolescents may be less willing to endorse their own acceptance of the ideal and many times they share the same views as their friends, questions were framed from both their perspective as well as their perception of their friends' endorsement of the standard.

The survey was designed to ensure that each purpose was achieved. In the first section the participants were required to check the characteristics that describe their bodies. This was used as a baseline comparison to information provided regarding ideal standards in the following sections. In the next four sections the same body characteristics were presented. This time they were to check the characteristics regarding their desired bodies, their ideal bodies, their perception of their friends' ideal bodies, and the societal ideal body. Then they were presented with a series of 70 statements designed to tap each purpose listed above. Each was answered on a five-choice Likert scale from 'Strongly Agree' to 'Strongly Disagree' (for a breakdown of the subtest questions refer to Appendix E). Adapted from a study by Berscheid, Walster, and Bohrnstedt (1972), a five-choice Likert scale ranging from 'Very Satisfied' to 'Very Dissatisfied' was used in the next section to assess her satisfaction with various parts of her body. Lastly, they were required to state what they like about their bodies, what they would like to change, how much weight they would like to gain/lose, current height and weight, and other important demographic variables. Some concern has been expressed in the literature regarding the self-report of weight as an accurate measure and the validity of studies which do not have objective methods of obtaining accurately measured weights. However, Cash and Hicks (1990) cite research which indicated that self-reported weights strongly correlate at .93 especially with normal weight populations. The adolescent's name and phone number were also requested for possible participation in the in-depth interviews (Appendix D).

## Survey Data Analysis and Research Questions

The purpose of the survey was to explore the participants' relative satisfaction with their bodies and their acceptance of the societal body standard for women as reflected in the research questions, hypotheses and data analysis. Data were entered into a spread sheet package for the IBM, Microsoft Excel 4.0, and transported to Statistical Package for the Social Sciences - Revised (SPSSx) for calculating the statistics. Reliability of the study was conducted in Iteman. The pilot study ensured that the data were usable in their presented format. The CRAME consultant helped design the variable list and spreadsheet for the most ease with the statistical analysis. She also helped choose statistics which were the most conducive to answering my research questions, tapping my hypotheses, and exploring the survey's purposes.

To obtain baseline measures on all of the variables, descriptive statistics, including frequency, mean, range, median, mode, and standard deviations, were calculated. Important information can be gathered from descriptive statistics including demographic differences between participants and consistent selection of a choice on a particular variable. They provide a sense of the global information available from the data. Through the descriptive statistics, finding one consistent body type ideal would increase support for the influence of the sociocultural expectations for women on their body image satisfaction. Do the females consistently identify similar body characteristics for a societal ideal? Have they incorporated the tubular ideal into their personal ideal, their perception of their friends' ideal and their perceived societal ideal?

Current research indicated that females tend to be more dissatisfied with the parts of their bodies which make them essentially female and less dissatisfied with common body parts (Rodin, Silberstein, & Striegel-Moore, 1984). With which body parts do females mark as feeling the most dissatisfied? The most satisfied? The descriptive statistics were also helpful in exploring these questions. What are the most frequently mentioned body parts which females would like to change and what parts do females really like about themselves? The answers to these questions were based on free responses to open-ended statements. A number count of the body parts listed was done. The most frequently mentioned body parts that they liked about themselves and wanted to change were listed.

Results from the sections of the survey concerning the five body types, "current body"[1], "desired body"[2], "my ideal"[3], "friends' ideal"[4], and "society's ideal"[5], were compared for the differences between the composite scores. Composite scores were calculated from the nine body parts listed. Items were scored based on their similarity to the stereotyped female body promoted by the media. For example, a low score means the perceived body ideal is closer to the ideal body promoted in society, and a high score would indicate a greater discrepancy between the media ideal body and perceived ideal body. Paired t-tests were used to obtain statistical significance[6] between the means of the paired variables.

Finding a significant difference between the societal ideal and the personal ideal would indicate there is consistent pressure which sets females' standards at these levels,

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[1] Current body - how they would describe parts of their body look right now.
[2] Desired body - how they would like their bodies to look.
[3] My ideal - what they think the ideal woman's body looked like. Referred to throughout this project as "personal ideal".
[4] Friends' ideal - the characteristics they think their friends would endorse as ideal body characteristics.
[5] Societal ideal - the body characteristics they perceive society would endorse as the ideal body for women.
[6] For the purpose of this thesis, **alpha <= .05** for statistical significance.

implicating the thin societal standard for females' bodies. A significant difference between the societal ideal and their friends' ideal may indicate an unwillingness to acknowledge acceptance of the standard for oneself. Exploring answers between their personal ideal, their perception of their friends' ideal, and the perceived societal ideal may indicate little endorsement of the standard for their personal ideal while acknowledging that their friends and society have embraced and live according to the standard. Since many adolescents have similar views to their friends, it seems highly unlikely that an adolescent female could honestly not claim the standard for herself but endorse it for her friends. Therefore, acknowledging the existence of the body standard though the societal ideal and her friends' acceptance of the societal standard may also indicate acceptance of the standard for herself as well.

The differences between their description of their current body, their desired body, and perceptions of the ideals may demonstrate the inherent differences in body expectations. The perceived discrepancy between their current and desired bodies as well as across ideal dimensions may be a measure of dissatisfaction. How closely does the current body compare with the desired body, their personal ideal, and the societal ideal? How closely does the desired body compare with the societal ideal and their personal ideal? In general how close are the individuals to reaching their defined expectations for themselves and how is this different from their personal ideal and the perceived societal ideal?

Since my data is only one group with relatively similar characteristics, the analysis of the statements to answer the research questions is difficult. To overcome this difficulty three groups were developed from the data set. The statements were divided into six subtests which cover the six purposes listed above based on their face validity: Personal and Friends' Body Image Dissatisfaction, Personal and Friends' Behavior Changes to Reach the Ideal, and Personal and Friends' Acceptance of the Ideal. The two sections on body image dissatisfaction were considered anchors for the three groups. Composite scores were calculated to divide the participants into three groups, Dissatisfied, Ambivalent, and Satisfied. The cut off points for inclusion into each group were set before the composite score were calculated; they were based on the Likert scale and created so that the Dissatisfied group encompassed those with a score on the subtest of 2.5 or lower when the composite score was divided by the total number of items on the subtest. The Satisfied group encompassed those with a score of 3.5 or higher when the composite score was divided by the total number of items on the subtest. Those who scored between 2.6 and 3.4 were in the Ambivalent group.

After the groups were created, a one-way Analysis of Variance (ANOVA) was calculated to explore the differences between the means of the three groups across other

variables, namely the Personal and Friends Behavior Changes subtests, and Personal and Friends Acceptance of the Ideal subtests. Both the Tukey-B method of multiple comparisons and the Scheffe method of multiple comparisons, a more conservative variation, were used. Do the females who indicate feeling the most dissatisfied with their bodies also endorse more statements indicating acceptance of the thin bodily standard and make more behavior changes to achieve the standard? And conversely, do those females who indicate feeling the least dissatisfied with their bodies endorse fewer statements regarding acceptance of the societal standard for women and make the least behavior changes? Do females describe themselves as less dissatisfied, less likely to change their behavior, and less accepting of the ideals than friends?

Four tests of reliability were conducted. First, Cronbach's alpha was used to find the reliability of the whole scale and the individual subtests; how accurate was the face validity on which they were constructed? Next, the reliability of the statements was tested. This used item-total correlations to test how consistently each item compared to the total of the 70 items. Another variation was used to test how well each item in a subtest compared to the subtest total. Lastly, since the length of the subtests varied, the Spearman-Brown Prophecy Formula was employed to find the reliability of the subtests if the number of items was held constant (Hopkins, Stanley, & Hopkins, 1990).

## Hypotheses

The following hypotheses are the questions which were answered in Chapter Four: Quantitative Results and Discussion:

1. The participants will indicate more dissatisfaction with their non-head parts, and specifically, with the parts that make them uniquely women: breasts, hips, thighs, buttocks, and stomach.
2. The ideal body presented by the media and accepted by society will be fairly consistent across females.
3. The tubular ideal will be reflected in the body choice for the participants' desired body, their personal ideal, their perception of their friends' ideal, and their perceived societal ideal.
4. A significant difference will not be found between the participants' perception of their friends' ideal and their perceived societal ideal, indicating that there is consistent pressure to conform to an ideal societal standard. A significant difference between the perceived societal ideal and their personal ideal may be indicative of an unwillingness to acknowledge acceptance of the standard for oneself. This ideal is perceived within the context of society and affects the perception of their friends' ideals and their personal ideal.

5. Females will be closer to reaching their personal ideal image than they will be to reaching their perceived beliefs about the societal ideal. They will be closer to reaching the body which they desire than their personal ideal, even though their desired body is more similar to their personal ideal image than their perceived societal ideal.
6. Those adolescent females who feel more dissatisfied with their bodies will report being more willing to change their behavior to meet the ideal and endorse the standard more than those who feel satisfied, and those who are satisfied with their bodies will report being less willing to change their behavior and endorse the standard.

## Limitations & Delimitations

The generalizability of the results will be limited by the small sample size and the inclusion of only one high school in a suburb in Alberta. The high school from which the participants were sampled is in a predominantly middle-to-upper class community. As stated in Chapter Two: Influence of Ethnic Minority Status and Influence of Socio-Economic Status, the community environment was an appropriate place to conduct this study, since body image concerns are more prominent with affluent White females. Although men's experience of their bodies and what influences their body images is a valuable research topic, it is outside of the domain of this project, too. Despite the correspondence of these parameters with available literature, it limits the generalizability of the results by excluding ethnic minorities, lower class females, and males. When discussing and considering the implications of the results, this limitation must be kept in mind; the results from this study are only reliable and valid for the specific population sampled.

Body image satisfaction is considered to be state dependent. The results of the survey may have been influenced by the emotional state of the participants. Had the survey been administered on another day, the results may be have been different indicating either a higher level of satisfaction or dissatisfaction. Since this may be the case, results from the survey may be indicative of the composition and feelings of this group of females on this day. To mitigate this limitation, I asked interview participants the accuracy of some of their previous statements and the consistency of their survey data over time. Although it is probable the that characteristics of the ideal are stable descriptions, endorsement of the statements regarding acceptance of the standard may be susceptible to daily influence. The frequency of the endorsement may be influenced by this change, but if my hypotheses are correct, this would not affect the link between body image dissatisfaction and acceptance of the standard.

The survey was developed to measure the link between body image satisfaction in females and the media ideal, an extension of the available literature. It was designed to explore the relationship between these two, but does not infer any causal relationship. Although the media ideal body has been around for their whole lives, it is impossible to discover, based on the results of the survey, the extent which it has influenced her construction of social reality and the development of her body image.

The internal consistency reliability of the statements in the survey was not tested before the survey was administered. The statements were grouped based on their face validity of six specific themes for which they were created. Time constraints limited the ability to ascertain the appropriate number of subjects during the pilot study to adequately test the reliability of the groups. Also, since the survey was created for the purpose of this study, there is no norming samples by which to compare the data from this sample.

## Qualitative Interviewing Process

### Qualitative Perspective

Descriptive research methods as described by Polkinghorne (1982) were the basis of the qualitative inquiry in this study. He described the aim of descriptive research as the production of clear and accurate portrayal of a particular aspect of human experience. A neutral, close, and thorough account of the essential aspects of the topic are given through thick description. Although it is taken from a qualitative perspective (referring to many different philosophical assumptions that use qualitative methods for obtaining data), the emphasis is on the lived experience of the participants rather than their behavior; there is a distinction between the subjective experience and the objective reality. He differentiated it from phenomenological philosophy and phenomenological psychology as well. The former regards the nature of reality and the ways reality can be known whereas the latter concerns the realm of meaningful experience as the fundamental locus of knowledge. The difference between them is important because, originally, I intended to focus my research through the phenomenological perspective.

In general phenomenological psychology "differs from mainstream psychology by holding that human behavior is an expression of meaningful experience rather than a mechanically learned response to stimuli" (Polkinghorne, 1982, p. 43). Although both descriptive research and phenomenological psychology use qualitative methods in collecting data, the assumptions behind the approaches differ. The basic philosophical assumption behind the phenomenological perspective is that we can only know what we experience with a focus on the conscious meaning ascribed to the essence of the experience

by the participants. The subjective experience includes the objective reality to create the person's world-view. In order to study the experience, there must be a shared essence for all people whom experience the phenomena. The most important aspects of phenomenological inquiry are to inductively and holistically understand human experience (Patton, 1990); "The exclusive focus on experience, however, provides access to all that can be directly known because all knowledge is ultimately grounded in human experience" (Polkinghorne, 1982, p. 45).

Descriptive research, through the qualitative perspective, also looks at human experience, but it is less concerned with the meanings ascribed to the experience. The essential aspects of the phenomena are discovered through the data and the participants' words are used to paint a verbal portrait of the experience (Polkinghorne, 1982). To present an accurate representation of the lived experience, the goal is to collect data which will be best to describe, interpret, and understand the participants' world-view (Sabin & Donnellan, 1993).

Qualitative data is best obtained through sustained contact with the participants in settings where they usually spend their time. The prolonged interaction allows the researcher to become familiar with the environment and access the participants during the entire process. A variety of methods can be used to obtain this information: open-ended interviews, participant observations, and document analysis. I have endeavored through all three ways of obtaining information to ensure I had the most in-depth and detailed information. Lastly, using general qualitative methods permitted the unconstrained collection of data without the use of predetermined categories (Patton, 1990).

## Rigor and Trustworthiness

Qualitative methods are often viewed as failing the quantitative criteria of reliability, validity, and objectivity. The defense of qualitative research is complicated by the nature of the research method. For example, qualitative methods is an ambiguous term which refers to many different research processes which makes it difficult to identify a single set of criteria for rigor. While qualitative methods are complementary to quantitative methods in that they are compatible and corrective to each others' inadequacies, using quantitative concepts to judge qualitative research is not warranted.

Based on work presented by Guba (in ECTJ) and Lincoln and Guba (cited in Sandelowski, 1986), four criteria analogous to quantitative research must be met to ensure the trustworthiness and rigor of qualitative research. The first criteria is the truth value of the research. The corresponding quantitative concept is internal validity (measures characteristics of variables as intended and not the procedure), but is called credibility in

regards to qualitative research. The latter is concerned with the discovery of human experiences as they are lived by the participants rather than the verification of pre-determined concepts. Research is credible when it accurately explains the experience of the participants. Credibility is enhanced by the close relationship between the researcher and her participants, but this also threatens it if the researcher becomes enmeshed in the experience, or "going native". This is the reason for bracketing, describing, and interpreting one's feelings and biases (Guba, ECTJ; Sandelowski, 1986).

The second criteria is the applicability of the research to other situations. This is analogous to external validity (generalizability of findings and the representativeness of subjects, tests, and testing situations). While Guba (ECTJ) referred to this as transferability, Sandelowski called it fittingness. In general, with qualitative research there are fewer threats to external validity because it emphasizes the study of phenomena in natural settings with few controlling conditions. Many qualitative researchers agree that "the general can be found in the particular, they also argue that generalizability is itself something of an illusion since every research situation is ultimately about a particular researcher interaction with a particular subject in a particular context" (Sandelowki, 1986, p. 31). While larger and more diverse samples are desired in quantitative research, smaller and less representative samples are needed in qualitative research because of the volume of verbal data and the importance of the participants to have had the experience. The experience described should represent a "slice from the life world" and should establish the position of participants in relation to the group. While the participants are usually the most articulate of the group, the researcher must avoid the "elite bias" by placing the stories in the proper perspective. Another threat is the "holistic fallacy" which is the tendency to make the data look more congruent and puzzle-like than it really is. The criteria of transferability is met when the data fit outside of the context of the study, the explanation fits with the data collected, and when the findings are viewed as being meaningful and applicable to the experience of others (Guba, ECTJ; Sandelowski, 1986). To achieve both credibility and fittingness, the researcher must maintain the holistic sense of the data throughout the analysis and presentation, use methods of triangulation, present typical and atypical data, discount conclusions, and ask participants to validate their results. The triangulation of methods, referring to a variety of ways to study the phenomena, helps maximize the validity and credibility of the data. No single item of information should be used unless it can be triangulated with at least one other source (Sabin & Donnellan, 1993).

The next criteria is the consistency, or reliability, of the data, called auditability in qualitative research. Inherent in the quantitative idea of reliability is the value of repeatability, while in qualitative research, the uniqueness of human situations and the

importance of variation in human experience are valued. Auditability is the criterion of merit relating to the consistency. This criterion is met when another researcher can follow the "audit trail" (steps) of the original researcher and find comparable (not contradictory) results given the same data, perspective, and situations. A clear audit trail can be achieved through bracketing - description, explanation, and justification - of the source of interest in the topic, personal biases, purpose of the research, selection of participants, the interaction between researcher and participant, data collection procedures, and analysis of theme structure.

The last criteria is neutrality which refers to freedom from bias in the research process and product. In quantitative research this is referred to as objectivity and in qualitative research, confirmability. It has already been stated that the qualitative data is enhanced by the close relationship between researcher and participants. Qualitative researchers value the subjectivity inherent in both the involvement between the researcher and participants and the subjective meanings the participants place on their life experiences, although neutrality refers to the data and not to the involvement of the researcher. The methods for attaining rigor and trustworthiness are weaved throughout the description of the interview process and data analysis presented below.

## Interview Purpose and Process

The in-depth interview portion of this research was conducted from a qualitative perspective using descriptive research methods. Questions focused on participants' feelings regarding their bodies and what they thought influenced these feelings. The survey served as a means to screen participants for detailed interviews. Five interviews were conducted to reveal themes regarding the experience of their bodies as related to the socially accepted thin standard. An interview was conducted with the high school guidance counselor to gain insight into the experience of working with females on body image issues.

Interviews were conducted during the school day at the high school. They were audio taped and lasted approximately thirty minutes. Before the interviews, parental consent forms were signed and returned detailing the nature and purpose of the research (Appendix B). By signing the form, parents indicated they understood the confidential nature of the data and relinquished access to it. It was assumed the participants would be more willing to speak honestly if they knew their specific data was confidential. Signed consent forms were also obtained from the participants (Appendix C).

An interview guide was used to ensure certain areas and topics were discussed. Patton (1990) defined the interview guide as a list of questions which ensure that basically

the same information is obtained from each participant. Although mine had focused questions, deviations from and rewording was expected as the interview progressed. A copy of the interview guide for the student participants is provided in Appendix F. The interview guide used with the guidance counselor is provided in Appendix G.

Each of the participants was interviewed once following questions on the interview guide to explore her experience of her body and influences on it. A follow-up interview with each participant was conducted for exploration, clarification, and confirmation of her ideas and answers.

## Other Qualitative Methods

Two informal participant observations were conducted during contact with the high school. The first one took place while collecting the survey data. My role was that of an onlooker outside of the activity. My observation focused on an holistic view of the females' behaviors while taking the survey, and not on any specific behaviors or events. The observation was conducted informally; notes were written of any relevant behaviors, constants, or questions. The survey was completed in three groups, each taking about thirty minutes. Participant observations were conducted during all three of these group sessions.

The second participant observation was conducted during a dramatic presentation on eating disorders. During the play, my role was that of a full participant observer in that I was part of the audience. Again, my focus was holistic in nature to gain ideas on understanding what it is like to be a female adolescent. Informal notes were written later primarily involving the discussion after the play.

Participants were asked to write in a journal their thoughts and feelings regarding some time when they were particularly aware of their bodies. They were asked to explain the events leading up to this hyper-awareness. Prompts in the instructions asked them to include any self-talk statements, feelings, or other thoughts. Each participant was asked to write three incidents in which they were either positively or negatively aware of their bodies. Instructions pertaining to this assignment are in Appendix H.

Lastly, a journal of notes, including the participant observations, field notes, and initial impressions following the interviews as well as possible analyses of the data, was kept. The journal was an essential part of the qualitative research process. Not only did it consist of pertinent data but it also helped organize my thoughts during the whole research process.

## Interview Data Analysis

The qualitative interviews examined the experience of the participants' bodies, thoughts and feelings associated with it, and influences on their body image. Their experience as they understand it is key to this study. Interviewing two populations with their contrasting roles, the school guidance counselor and female students, supported the importance of the body image experience for the student participants.

Interviews were transcribed verbatim. Unessential researcher comments and nonsense words (Um, uh, like, etc.) were excluded for the ease of the analysis and readability in the theme development (Chapter Five). The meaning of the transcript was not changed by their exclusion. The first step in analyzing the interviews was to find emergent themes for each participant. These were written in the field notes to ensure that I had characterized the essential aspects following the first interview. This also helped me organize my thoughts around follow-up questions, missing information, and unclear statements. Finally, analyzing the emergent themes from each participant helped organize the important information included in Chapter Five: Participant Profiles.

Throughout every step of this process, I continually questioned myself to ensure that I was not superimposing my meanings or personal biases on the participants and their interviews. The interview guides were helpful in maintaining an open-ended and neutral stance toward the topic. Another way to prevent this was by having each participant confirm her perspective to ensure I had represented her properly. During the second interview, any differences were clarified. These comments as well as journal information were later integrated.

Next, the interviews were divided into meaning units and tagged with code words. A meaning unit referred to a complete thought regarding one aspect of the body image experience or an influence. A meaning unit may encompass a few words, a whole sentence, or many sentences. Each meaning unit was "tagged" with a coding word. These coding words sensitized me to concepts which were consistent and contrasting throughout the interviews. They are broad categories which conceptualize the thought of the meaning unit. This was the first level of analysis.

After all of the meaning units were tagged, the interviews were cut into the meaning units and grouped by the code words. During this process the integrity of the excerpt was maintained as well as the holistic sense of the interview. At every level of analysis, the interviews were reread to maintain the ideas of the interview as one entity. The excerpts were regrouped if they did not fit in with the original code word. Some meaning units were broken into smaller groups, usually encompassing dichotomous concepts (negative-positive, for example). This was the second level of analysis.

From the groups of meaning units, categories were created. In some cases the categories also became a subtheme or higher-order theme. The categories were grouped into subthemes. The categories, useful in describing the many facets of the subthemes were defined, at times, by the meaning units which became the smallest unit of analysis discussed. From the subthemes, higher-order themes were explored based on groupings of subthemes. The third level of analysis was the development of the higher-order themes. They were based on patterns which emerged from the common experiences of the participants. To ensure that the themes emerged from the data, they were constantly regrouped and reorganized until the themes fit with the holistic sense of the interview.

Triangulation was one important way of increasing rigor and developing a comprehensive and cohesive project. In this study one way of triangulating data was by comparing, contrasting, and integrating data collected through the qualitative interviews with the quantitative survey data. In a second method of triangulation, the consistency of different data sources within qualitative methods was analyzed. Informal participant observations, participants' journals, and field notes are examples of these. They were then integrated into the discussion of the results. The different perspectives of people were compared to assess the consistency of the participants' experience of their body images. By interviewing the high school guidance counselor, a validating and objective perspective of the participants' experience, was obtained. The last type of triangulation involves objective people analyzing the data. Data were checked for consistency over time by interviewing the participants at two different times and from the journal entries. They were also asked during the second interview to confirm survey data and preceding interview statements. By allowing the participants to check the face validity of their survey and interview data, for example, increased the level of rigor in the study.

In Chapter Four, Quantitative Results and Discussion, the hypotheses listed previously in this chapter will be considered. The results based on the hypotheses and a discussion of each is presented. In Chapter Five, Qualitative Results and Discussion, the participants are individually introduced, the theme structure is explained, and the discussion of the themes is presented. The guidelines of the analysis of the data presented in this chapter were followed to obtain the results and frame the discussion presented in the next two chapters.

## CHAPTER FOUR
## QUANTITATIVE RESULTS AND DISCUSSION

In this chapter, the quantitative results from the survey will be reported and explained. Only the questions asked and hypotheses proposed in the previous chapter, Survey Data Analysis and Research Questions, will be answered and discussed. The survey and statistical analysis were both designed to fit these questions. For the ease of reading, each hypothesis is restated and the results and discussion pertaining to it are explained.

### Hypothesis One

*The participants will indicate more dissatisfaction with their non-head parts, and specifically, with the parts that make them uniquely women: breasts, hips, thighs, buttocks and stomach.*

Based on the survey data, the top five body parts which the participants indicated feeling most dissatisfied[7] with were thighs (59%), stomach (57%), buttocks (55%), hips (52%), and weight (48%). Although the percentage of participants who were satisfied with these body parts averaged at 30% (range 24 - 33%), no one was very satisfied with their weight, only one person was very satisfied with her buttocks, abdomen and thighs, and two were very satisfied with their hips (Table 1). On an open-ended question pertaining to the parts of the body they would like to change (Appendix D: demographics question, #2), a frequency count of their responses indicated they would like to change the following from the most to least: stomach, thighs, buttocks, weight, hips, and breasts. This data is consistent with the hypothesis: in the analysis of the results, the participants indicated they were most dissatisfied with the parts of their bodies which accumulate fat during female milestones of puberty, pregnancy, and menopause.

Although breasts differentiate women from men, they were not included in the first list of body parts which cause dissatisfaction. This may be because breasts, especially large ones, are often appreciated within society. On the survey, 43% of the women indicated they were satisfied with their breasts while 26% were not. It would be interesting to know the reasons behind the dissatisfaction, for example, whether size influences the way they felt about them.

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[7] For the ease of analysis and clarity, Likert scales have been combined into three categories. For example, very satisfied + satisfied = satisfaction, very dissatisfied + dissatisfied = dissatisfaction, and average = average.

The top five body parts which the participants indicated feeling most satisfied with were eyes (88%), mouth (76%), teeth (76%), hair (71%), and hands (66%). The average frequency of dissatisfaction was 13% (range 3 - 24%). A frequency count was conducted on an open-ended question regarding the body parts which they really liked about themselves (Appendix D: demographics question, #1). Results of the question indicated the following parts were liked, from the most to the least: eyes, hair, calves, muscle tone, and face. Since it was expected that head and facial features would give the most satisfaction, the results were fairly consistent with the hypothesis.

**Table 1: List of Dissatisfaction and Satisfaction over Body Parts**

| Dissatisfied Body Parts | Dissatisfied Percentage | Satisfied Percentage |
|---|---|---|
| 1. Thighs | 59 | 24 |
| 2. Stomach | 57 | 33 |
| 3. Buttocks | 55 | 31 |
| 4. Hips | 52 | 33 |
| 5. Weight | 48 | 29 |

| Satisfied Body Parts | Dissatisfied Percentage | Satisfied Percentage |
|---|---|---|
| 1. Eyes | 3 | 88 |
| 2. Mouth | 9 | 76 |
| 3. Teeth | 10 | 76 |
| 4. Hair | 17 | 71 |
| 5. Hands | 24 | 66 |

Hypothesis Two

*The ideal body presented by the media and accepted by society will be fairly consistent across females.*

The ideal body which is portrayed by the media is tall, large-breasted, thin, long-legged with small buttocks, a short torso, flat stomach, small thighs, and defined muscles (for a more in-depth discussion of the media ideal body refer to Chapter 2: Current Ideal Body Standard). The survey was designed so that these nine areas were covered.

The following percentages indicate the greatest endorsement for that body part. The females sampled on the body image survey indicated they thought the female ideal body was tall (95%), large-breasted (79%), thin (93%), long-legged (95%), with small buttocks (83%), flat stomach (95%), small thighs (88%), and defined muscles (62%). These are all consistent with the ideal body portrayed by the media. This gives credence to the notion that there is an ideal promoted within the societal system and recognized by most women. The fact that these females were consistent in their descriptions of the ideal body, especially

across height, weight, leg length, buttocks, thighs, and stomach size, lends support to the hypothesis that there are socio-cultural expectations placed on women's bodies.

The only body part which did not correspond with the societal ideal was the length of the torso. The data from the survey indicated this group of participants thought the ideal torso length was either long (48%) or average (47%). During the survey a few females asked to have the word torso defined. This may indicate that there were others who did not know and did not ask for clarification. Although the ideal length has been indicated as proportionately shorter (Gilday, 1990), the height of the models and camera trickery used may make them look like they have a longer torso. The length of the torso is shorter compared to the long-legged look, but in actuality a rating of average may be a more accurate reflection of the ideal body.

### Hypothesis Three

*The tubular ideal will be reflected in the body choice for the participants' desired body, their personal ideal, their perception of their friends' ideal, and their perceived societal ideal.*

The body that the females desired most often was the hourglass figure[8] (76%) with only 14% desiring the tubular[9] look portrayed in the media. In the personal ideal category, the females preferred the hourglass shape (67%), although their second choice was the tubular look (17%). They thought that their friends' ideal was hourglass (59%) with tubular body receiving 22% endorsement. Lastly in the societal ideal, 64% stated they thought the hourglass shape was the ideal, 19% thought an inverted pear[10] was the ideal shape and 16% thought the tubular shape was the ideal (See Table 2). Throughout the ideal body conditions, no one desired the pear-shaped[11] and only 3% stated it was their own ideal, 2% thought it was their friends' ideal, and 2% the societal ideal. Interestingly, 26% described their own bodies as pear-shaped. Also when eye-balling the survey, many heavier women indicated their bodies were the tubular form. This may account for the higher percentage under current body and the lack of endorsement of it as an ideal or desired body.

In this case, the tubular figure has not influenced the shape these females would like or think is ideal. There may be a number of reasons for this. Often the media presents the female body in disassociated parts. For example, just the stomach or leg is shown. The

[8] The hourglass figure is characterized by hips and breasts of almost equal size and a smaller waist.
[9] The tubular look is defined as hips and chest almost equal in size with the waist only slightly smaller than the other two areas.
[10] The inverted pear shaped body is characterized by large breasts and smaller waist and hips.
[11] The pear shaped body is characterized by larger hips and a smaller waist and breasts.

participants may have an understanding of the look of the disassociated body parts presented by the media, but cannot integrate them into an accurate and equivalent whole body. Although the hourglass shape is not promoted by the media as the standard, many times that shape is still associated with women and the attractive figure. The trend in the societal ideal may reflect a slow progressive change occurring within the societal system as it is influenced by the media. The hourglass figure for many years was equated with women and the maternal ideal (for a more in-depth discussion of this see Chapter Two: History). It seems there is still some of that influence for females within the societal system. Another reason is that there may also be a lack of clarity between sexuality (breasts) as appreciated by males and the ideal body presented by the fashion industry (tubular). For example, during the 1980's large breasts became in vogue, especially as breast augmentation became apparently less problematic. One possible explanation of why the ideal has shifted towards smaller breasts and the tubular ideal are the problems that arose with the silicon implants. The slightly higher percentage of females who thought the societal ideal was the inverted pear may reflect, again, a slow progressive change since the 1980's. Lastly, the tubular ideal of the media may not to be reflected as the ideal because the acceptance of it is concentrated in the fashion industry only, and has not influenced the wider population. This may be an expression of the central conflict between the desire for the media ideal body while acknowledging its extreme thinness and unattainability.

**Table 2: Percentage of Body Type Endorsed**

| Body Type | Current Body | Desired Body | Personal Ideal | Friends' Ideal | Societal Ideal |
|---|---|---|---|---|---|
| Hourglass Figure | 41 | 76 | 67 | 59 | 64 |
| Inverted Pear | 2 | 10 | 12 | 17 | 19 |
| Pear Shaped | 26 | 0 | 3 | 2 | 2 |
| Tubular Body | 31 | 14 | 17 | 22 | 16 |

The following definitions were provided on the survey:

Hourglass shape - hips and chest almost equal, small waist
Inverted Pear - large chest, small waist and hips
Pear shaped - large hips, small waist and chest
Tube-like body - hips and chest almost equal, waist only slightly smaller than other areas

## Hypothesis Four

A *significant difference will not be found between the participants' perception of their friends' ideal and their perceived societal ideal, indicating that there is consistent pressure to conform to an ideal societal standard. A significant difference between the perceived*

*societal ideal and their personal ideal may be indicative of an unwillingness to acknowledge acceptance of the standard for oneself. This ideal is perceived within the context of society and affects the perception of their friends' ideals and their personal ideal.*

Significant correlations were found between both perceived friends' ideal and the societal ideal and the participants' personal ideals and the societal ideal, $r = .42$, $p < .001$ and $r = .56$, $p < .000$, respectively. This indicates that those who described the societal ideal as similar to the media presented ideal body also thought that their own ideal and their friends' ideal was similar to it. Using paired t-tests, the obtained scores for the two pairs were $t = 4.73$, $p < .000$ and $t = -8.30$, $p < .000$, respectively (Table 3). The significant difference between their ideal and their beliefs about the societal ideal was expected, but the significant difference between their perceived societal ideal and their perceived beliefs about their friends' ideal was not. The significant differences between the means may reflect alternative influences other than the media in the construction of social reality of the ideal female body.

A composite score was calculated across the nine body parts so that the means of each ideal body condition could be paired with one another for the paired t-tests. Keeping in mind that a low score is closer to the media presented ideal, the means were 17.9 for perceived societal ideal, 19.9 for perceived friends' ideal, and 21 for the participants' ideal. The mean of the societal ideal indicates that their perception of the societal ideal is slightly larger than the one actually presented by the media. They think their friends' ideal is fairly close to their perceived societal ideal and larger than the media portrayed ideal and their personal one is slightly larger still. A post-hoc t-test between perceived friends' ideal and participants' personal ideals was run to see if the differences between these means were significant. They were correlated at .59, $p < .000$, $t = -3.56$, $p < .001$. This corresponds with the ideal that an adolescent may not admit to subscribing to the standard but report that her friends do.

## Hypothesis Five

*Females will be closer to reaching their personal ideal image than they will be to reaching their perceived beliefs about the societal ideal. They will be closer to reaching the body which they desire than their personal ideal, even though their desired body is more similar to their personal ideal image than their perceived societal ideal.*

The first comparison is between the participants' actual, everyday body and their perceived societal ideal and the participants' everyday body and their personal ideal. Neither of the two comparisons were significantly correlated ($r = -.2$, $p > .15$ and $r = .07$, $p > .60$, respectively), indicating that any similar trends between the two are products of

chance. In both cases the differences between the means were significant, $t = 16.58$, $p < .000$ and $t = 14.11$, $p < .000$, respectively. Since both t-values indicated significance, looking at the difference between the means is imperative to the hypothesis. The means of the perceived societal ideal, their personal ideal, and their everyday body are 17.9, 21, and 27.5, respectively. The trends in the means demonstrate that females appear to be closer to reaching their personal ideal than their perceived societal ideal (Table 3).

The next comparison is between their everyday body and their desired body and their everyday body and their personal ideal. Again the correlations and t-values for their everyday body and their personal ideal are $r = .07$, $p > .60$, $t = 14.11$, $p < .000$. The statistics for their everyday body and their desired body are $r = .21$, $p > .12$, $t = 14.11$, $p < .000$. The correlations between the comparisons were not significant and the t-values were identical. This may be because the means for each set were the very similar: desired body = 21.7 and personal ideal = 21. The similarity between the two is interesting; the phrasing of the questions still objectified the "personal ideal" away from the respondent while the desired body characterized the individual respondent. This may indicate that the body which these participants desired for themselves is very similar to their ideal for other women. Although the mean of their everyday body (everyday body = 27.5) is significantly different from both their desired body and their personal ideal, to find out if this sample is actually closer to reaching their desired body than their personal ideal, a paired t-test was run. They were correlated at .53, $p < .000$. The t-value was equal to -2.05, $p <= .05$. Since the difference was significant, it is possible to say that females are closer to reaching their desired body than their personal ideal. Note, though, that the level of significance fell just within the acceptable range. The difference between the means, 0.7, indicates that in most cases, the desired body looks very similar to the personal ideal body.

The last comparison is between their desired body and their personal ideal ($r = .53$, $p < .000$, $t = -2.05$, $p < .05$), and their desired body and their perceived societal ideal. The statistics for the desired body and the perceived societal ideal are $r = .32$, $p < .02$, $t = -8.33$, $p < .000$. This comparison indicated that the desired body is more similar to their personal ideal than their perceived societal ideal. The results of both Hypotheses Four and Five may reflect the construction of a possible self (as explained in Chapter Two: Participating Media Institutions) for the individual. The media ideal is unattainable for her. While she perceives her friends want this ideal, she has modified hers; she has negotiated a "possible" from the make-up of her own body and the media ideal body.

**Table 3: Paired T-Tests of the Body Ideals**

| Pairs | Correlation | Significance | T-Value | Significance |
|---|---|---|---|---|
| Friends' Ideal - Societal Ideal | .42 | .001 * | 4.73 | .000 * |
| Personal Ideal - Societal Ideal | .56 | .000 * | - 8.30 | .000 * |
| Friends' Ideal - Personal Ideal | .59 | .000 * | - 3.56 | .001 * |
| Current Body - Societal Body | -.20 | .15 | 16.58 | .000 * |
| Current Body - Personal Ideal | .07 | .60 | 14.11 | .000 * |
| Current Body - Desired Body | .21 | .12 | 14.11 | .000 * |
| Desired Body - Personal Ideal | .53 | .000 * | - 2.05 | .05 ** |
| Desired Body - Societal Ideal | .32 | .02 ** | - 8.33 | .000 * |

* Significant at .01 or better
** Significant between .05 and .01

Hypothesis Six

*Those adolescent females who feel more dissatisfied with their bodies will report being more willing to change their behavior to meet the ideal and endorse the standard more than those who feel satisfied, and those who are satisfied with their bodies will report being less willing to change their behavior and endorse the standard.*

Using the one-way ANOVA, comparisons were made between the Dissatisfied, Ambivalent, and Satisfied groups (based on the calculated composite scores using Personal Body Image Dissatisfaction and Friends' Body Image Dissatisfaction subtests as anchors) with another variable. From the Personal Body Image Dissatisfaction anchor, there were 24 females in the Dissatisfied group, 29 in the Ambivalent group, and five in the Satisfied group. The first comparison was between the three groups across the Personal Behavior Changes subtest with the calculated F-ratio at 10.92, $p < .000$. Using the Scheffe test, significant differences were shown between the Dissatisfied group and both the Ambivalent group, and the Satisfied group. This would indicate that dissatisfied females make more behavior changes than those in both the Ambivalent and Satisfied groups. The next comparison was made between the three groups and Personal Acceptance of the Ideal subtest. The F-ratio was 3.23, $p <= .05$. Although the Scheffe test, a more conservative test of multiple comparisons, did not indicate this was significant, the Tukey-B test indicated there was a significant difference between the Dissatisfied group and the Ambivalent group. It seems, then, that the hypothesis could be accepted conditionally: those who feel dissatisfied with their body image accept the societal standard more than those in the Ambivalent group, but there were no differences between those in the Ambivalent group and the Satisfied group nor those in the Dissatisfied group and the

Satisfied group. The lack of significance with the Satisfied group may be due to the small number of people included in that category.

The next comparison used the Friends' Body Image Dissatisfaction subtest as the anchor. From this there were 29 in the Dissatisfied group, 27 in the Ambivalent group and two in the Satisfied group. The first comparison was between the three groups across the Friends Behavior Changes subtest. No significant differences were shown between groups with the F-ratio at 2.49, $p > .09$. This indicates that behavior changes did not differ significantly between the females that rated their friends as more dissatisfied with their bodies compared to the ones they rated as more satisfied or ambivalent with their bodies. Interestingly, though, the Satisfied group had the lowest mean at 30.66, the Dissatisfied group had the next highest mean at 36.5 and the Ambivalent group had the highest mean at 38.7 (a lower mean indicates more behavior changes to reach the ideal). Although difficult to interpret because there are only two people in the Satisfied group, it may be that those in that group make behavior changes to reach the standard but do not see the changes as significantly affecting their lives. The next comparison involves the three groups across the Friends' Acceptance of the Ideal subtest. The F-ratio was calculated at 19.83, $p < .000$. Both the Scheffe and Tukey-B tests showed significance between the Dissatisfied group and the Ambivalent group. The hypothesis can be accepted conditionally: those who think their friends' are dissatisfied with their bodies, also think those friends accept the standard more than those in the Ambivalent group. There was no significant difference between the Ambivalent group and the Satisfied group, and the Dissatisfied group and the Satisfied group. This may again be because the Satisfied group only had two people in it.

The distribution of females falling into each group based on how they rated themselves on the Personal Body Image Dissatisfaction subtest and how they rated their friends' on the Friends' Body Image Dissatisfaction subtest is interesting. Only five and two females, respectively, fell in the Satisfied group. This made statistical significance between the groups difficult, but it also gives credence to my personal bias that virtually all women feel somewhat dissatisfied with their bodies.

## Reliability

Since the items which create the subtests were not tested for reliability through the pilot study, their internal consistency was tested on this research sample. Two tests were done on each statement. An item-total correlation was conducted to compare each item to the total reliability of the 70 statements. A subtest-total correlation was then conducted to compare each item within a subtest to the total reliability of the subtest. Two tests of reliability were also done on the subtests and all of the items: Cronbach's alpha was used

to find the reliability of the whole scale and the individual subtests, and the Spearman-Brown Prophecy Formula was used to find the proposed reliability of the subtests if the number of items was consistent in each subtest. These reliability coefficients can be reviewed for each statement and subtest in Appendix E. Generalizations about the reliability will be described below.

Overall, the subtest-total correlations were higher than the item-total correlations. Each subtest was designed to tap a specific purpose and the ideas between subtests have little overlap. This may reduce the reliability of some of the statements compared to the total reliability. The scale total reliability was .92. Personal Body Image Dissatisfaction subtest alpha was .94 with the subtest-total correlations ranging from .35 - .82. Friends Body Image Dissatisfaction subtest alpha was .74 with the subtest-total correlations ranging from .34 - .74. These two subtests, which served as the anchors for the ANOVA's, had the highest reliabilities of all the subtests. Personal Behavior Changes subtest was correlated at .63 and ranged from .16 - .71. For item analysis the lowest acceptable reliability is .25 (Ary, Jacobs, & Razavieh, 1990). In this subtest only one item, # 29 (Exercising will help me reach the ideal body), fell below this criteria. Friends' Behavior Changes subtest reliability was .53 ranging from .43 - .72. Personal Acceptance of the Ideal subtest reliability ranged from .21 - .68 with the total subtest alpha at .47. Only two items fell below the criteria, # 41 (.23 - I think societal body expectations are unattainable for the majority of women) and # 58 (.21 - It is possible to be too thin). Lastly, Friends' Acceptance of the Ideal subtest reliability was .64 and ranged from .08 - .74. Only one item fell below the criteria for reliability, # 26 (Weight is biologically determined and cannot be controlled).

When the Spearman-Brown Prophecy Formula was employed, the number of items was increased so that each subtest had twenty-four items in it. This number was chosen because the largest subtest, Personal Body Image Dissatisfaction, had twenty-four items in it. Since it was not recalculated, the alpha level remained at .94. For Friends' Body Image Dissatisfaction the reliability increased from .74 to .86; for Personal Acceptance of the Ideal it increased from .47 to .73; for Friends' Acceptance of the Ideal it increased from .64 to .77; for Personal Behavior Changes it increased from .63 to .82; and for Friends' Behavior Changes it increased from .53 to .84.

## Critique of the Survey

The survey was well constructed and was firmly based on the review of the literature. The construction of the survey appeared to test each of the survey purposes sufficiently to answer the hypotheses related to it. In many ways the analyses of the data

had to be changed due to the construction of the test, but in the end, the changes to the analyses answered the hypotheses better than the original format and more information was gleaned.

Although the differences between body ideals showed significance, it would have been better to make finer descriptions between the body types. For example, a seven choice Likert scale may have made finer distinctions. It would have been interesting to see if participants actually wanted to be more extreme or thought the ideal was more extreme than the media presented ideal which was not available with the way these scales were constructed.

The list of 70 statements, grouped into six subtests, were not tested for reliability before the survey was given. In a follow-up study, the reliability of the statements would be calculated in a series of pilot studies as well as the reliability of the subtest composites. A factor analysis would be interesting to see if the statements actually grouped into the same six factors or other ones. Comparing the scores and responses from the Personal Body Image Dissatisfaction subtest with an already standardized self-esteem measure may be a good source of validity. Also, comparing those statements with standardized tests on body image and eating disorders may also lend support to this survey.

Each participant was asked to write any thoughts, reactions, feelings, or concerns as a result of the survey. Many of these were critiques of the survey which were helpful in deciding what worked well and what did not. Many of the participants stated they found it difficult responding to the questions about how they thought their friends felt. Some of their comments are included below. The quotations have been edited slightly for the ease of reading. The changes were grammatical and spelling errors and in no way changed the content of the statement:

- *This survey is pretty good except for how my friends describe the ideal body because I don't really know.*
- *It's hard to know what your friends feel about body image and their own body. Also it's hard to judge the thoughts of all the girls in my grade/school.*
- *I think it's kind of stupid about the parts when you ask what your friends think cause how are you supposed to know?*
- *It's hard to say what friends think. Wide range: some care, some justifiably care, some don't care at all, some overcare.*

The participants also had some other comments on the survey both favorable and unfavorable:

- *It was very good and thorough, gets you to think about how you feel about yourself.*
- *This is a good survey but for me it all depends on the day. If it's a bad day, I tend to be harder on myself.*
- *I think it's a good survey. It's extremely obvious that tons of girls at school have an eating disorder and need help. Lots of girls spend too much time worrying about how thin they are.*
- *It seems to be a little repetitive, the questions were basically all the same throughout the survey.*

Based on these comments, in a replicate study, I would change the questions regarding their friends. This would reduce the redundancy of the survey and make it more cohesive. Also, the overall length would decrease and allow for any increases necessary in other areas to make it succinct and increase its reliability.

## Concluding Comments

The females in this sample were more dissatisfied with the parts of their bodies which are characteristic of and by-products of female development. Breasts were an exception to this rule; they did not appear to be an area in which the females in the sample felt dissatisfied. Also, a consistent picture of the ideal body acceptable by society was agreed upon by a majority of the females. Very few females rated themselves as satisfied or thought their friends were satisfied with their bodies. The discrepancy between the biological reality of a woman's body and the demands of the societal ideal may be the cause of dissatisfaction. It appears to be easier to disassociate body parts and described them in the ideal form whereas the whole body is more difficult. Interestingly, the media presented norm of the tubular look has not been adapted by the females. They do not appear to desire it, incorporate it into their own ideal, or think their friends subscribe to it. This may be because they have other images, such as seeing "real life" females, which de-construct the media presented ideal body. Significant differences were found between their personal ideal, their perception of their friends' ideal and their perceived societal ideal with their personal ideal farthest away from the media portrayed body. Females also indicated they were closer to reaching the body they desire than their personal ideal body, and closer to reaching their personal ideal body than the body rated as ideal for society. Their personal ideal body was more closely matched to the body they desire than their perceived societal ideal as well. Lastly, those who felt more dissatisfied with their bodies were more willing

to change their behavior than those who felt either ambivalent or satisfied and endorsed the standard more than those feeling ambivalent. Those who thought their friends were more dissatisfied also thought they were more willing to accept the standard than those in the Ambivalent group. There was no difference between the groups on the females' perception of her friends' behavior changes.

# CHAPTER FIVE
# QUALITATIVE RESULTS AND DISCUSSION

In this chapter, the data and analysis from the qualitative interviews with the five participants and the high school guidance counselor will be reported and explained. The procedures and rationale detailed under Chapter Three: Qualitative Interviewing Process were followed. The qualitative interviews were designed to explore a two part question: How do the participants' experience their bodies and what do they report influenced their feelings? The analysis of the data concentrated on amalgamating participants' answers to the question. In this chapter the interview participants are described to offer a wider context in which to understand their differences in general ideas and tone of the interview. Pseudonyms are used to protect their true identity. Participants' relative level of self-esteem is explored through both statistical and subjective analyses. Finally, the theme structure from the data is analyzed. Each theme is broken down into defining subthemes which are explained in the context of the theme structure. For this chapter, my comments are minimal so that the students' own experiences and their attributed meanings can come through the data. Throughout the chapter, confirming results from the survey and relevant concepts from the literature are integrated into the understanding of the themes.

Each theme and complementary subthemes are discussed and illustrated through examples from the interviews. For each theme, comments from participants are italicized so that they can be differentiated from the discussion of the quotations. Each section is begun with a comment from the guidance counselor's interview relevant to the theme or subtheme; they are offset so that the reader knows the source of the quotation. The selected quotes have only been edited slightly for readability; for the most part the speaking style of the participant has been left unchanged. The editing in no way changed the meaning of what the participant was attempting to say.

## Participant Profiles

### Ms. Taylor, Guidance Counselor at High School

Ms. Taylor has a Master of Education in Counseling Psychology. She splits her time between the local high school and elementary school and also has a private practice. In all locations, she encounters females who have general body image difficulties as well as eating disorders. Throughout the interview Ms. Taylor provided information about how she screens females for body image difficulties. She discussed important factors in both body image dissatisfaction and eating disorders. She also offered objective insight into the

feelings, experiences, and influences of the females she has counseled on body image issues. In counseling these females, she focuses on self-esteem and unconditional self-acceptance.

Ronia, age 17, grade 11, weight - 115, height - 5'6"

Ronia is a dancer. She stated she has many concerns about her body and that she compares herself often to models and other dancing students. Although she seems to know cognitively that she does not need to worry about her figure, her affective experience of her body is quite negative. Her mood and style of clothing are influenced by the way she feels about her body in the morning, especially her stomach. She restrains her eating throughout the day and then eats a large amount during the evening. She stated she feels guilty about this and exercises to compensate for eating; she becomes distressed when she does not exercise. When evaluating her body, which she does often throughout the day, she focuses on her stomach because this is the area that seems to noticeably change.

Kirsten, age 17, grade 11, weight - 190, height - 5'4"

Kirsten is very concerned about her weight. She is frustrated, disappointed, and angry at times with her body. She exercises for about two hours three times a week and finds this very satisfying. She restrains her eating but finds this difficult at times because her family eats heartily. She compares herself daily to others and feels influenced by the media, family, friends and strangers' comments. When talking about her body she feels very shy and seems to lose self-confidence. Her mood and self-esteem are influenced by how she feels about her body and others' comments. Because she is overweight, she thinks less of her body and of herself as a person who has something meaningful to contribute.

Janice, age 15, grade 10, weight - 100, height - 4'10"

Janice stated she felt very confident about her body, although she wishes she was taller. She thinks being body conscious is a sign of low self-esteem and weakness, except when it is done for oneself. She thinks that others, if they have one part of their body they do not like, are less confident, weaker, and ruled by this dissatisfaction. Although she knows adults who feel badly about their bodies, she feels that the level of dissatisfaction she sees in her classmates is a function of friends' influence and their age, eventually they will outgrow it. Many of her positive thoughts about her body come from her family's positive interactions. She is influenced by the media in both negative and positive ways. After watching lots of TV, she must see "real people" at school as a reality check.

Janice feels mostly positive towards her body. She considers herself different from others because she is not very body conscious. She feels her level of dissatisfaction is different because it does not rule her life. She stated that she dislikes her cleavage, hips, and thighs; she wears certain things to prevent showing her cleavage. Her level of dissatisfaction with her body increases if she is having a bad day.

Rebecca, age 15, grade 10, weight - 130, height - 5'5"

Rebecca feels mostly positive about her body, except for her stomach. Currently, she is more worried about her stomach than usual because she is going on a beach vacation soon. She stated she would feel less self-conscious about her stomach if a flat stomach was not idealized in the media. She really emphasizes facial features and feels more confident about them than she does about her body. Although she is worried about her stomach, she is not motivated or feels she has the willpower to diet or exercise daily. Although she does not diet, she restrains her food intake by only eating healthy foods. She understands that the weight she has gained in the past few years is part of the natural growth process and she feels okay about this now, but she is worried about future weight gain. She is influenced negatively by the media and positively by her family. Her mother has instilled many of the positive thoughts she has about her body.

Beth, age 15, grade 10, weight - 175, height - 5'4"

Beth stated at first she felt mostly comfortable with her body, but as the interview progressed, she realized that she was not as comfortable as she thought she was. She did not feel like she had the willpower to diet or exercise. She understands her heavier body type is not her fault, but seems to be trying to convince herself that she feels better about it than she really does. During the second interview, she said that she felt mostly comfortable with her body again. The media and others' comments make her feel uncomfortable about it. When others make comments she becomes angry and calms herself by saying things like, "If you don't like it, that's your problem". In general, it appeared difficult for Beth to discuss her body concerns; her answers were short and did not elicit much information.

Comparison of Relative Levels of Self-Esteem

Since the participants were more diverse than expected in their relative level of self-esteem regarding their bodies, a subjective and objective measurement of it is explained below. The interview participants were selected based on their scores on the anchor subtest, Personal Body Image Dissatisfaction (See Table 4). Keeping in mind that the Dissatisfied group had scores which fell between 1.0 - 2.5, the Ambivalent group between

2.6 - 3.4 and the Satisfied group between 3.5 - 5.0, two were in the Dissatisfied group and three were in the Ambivalent group. Note, though, that Beth barely fell within the range of the Dissatisfied group and Rebecca almost fell in the Satisfied group. It was originally expected the interview participants would have fairly negative feelings towards their bodies. Although other criteria based on survey results were used when making the choices for participants, on closer post hoc inspection, the range of females is more diverse than originally expected. The level of dissatisfaction varied across the females and their experience of their bodies differed from extremely dissatisfied to mostly satisfied. An interesting comparison may be made between the level of dissatisfaction each participant felt with four differing criteria. The first criteria used was the Personal Body Image Dissatisfaction subtest. Then, on the last section of the survey, each participant had to rate her satisfaction of seventeen body parts. A composite score was obtained of each interview participant for all seventeen body parts and then the five body parts which cause the most dissatisfaction in the survey sample: hips, thighs, stomach, buttocks and weight. This score was then placed within the five-point Likert scale rating. The last criteria for dissatisfaction was a subjective rating which I gave them after conducting all of the interviews. The differences are shown in Table 4.

**Table 4: Relative Levels of Self-Esteem across Four Dimensions**

| Subjective Rating (least to most) | Five Body Parts | Seventeen Body Parts | Personal Body Image Dissatisfaction Subtest |
|---|---|---|---|
| Kirsten | 5.0 (1) | 3.24 (1) | 4.87 (1) |
| Ronia | 3.6 (3) | 2.88 (3) | 4.00 (2) |
| Beth | 4.0 (2) | 3.24 (1) | 3.46 (3) |
| Janice | 3.4 (4) | 2.71 (5) | 2.79 (4) |
| Rebecca | 2.8 (5) | 2.82 (4) | 2.76 (5) |

- Rank orders for the subjective rating are listed by name in the first column. The other rank orders are listed in the parentheses. All rankings are from the least self-confident (1) to the most self-confident (5).

- In all cases a higher Likert scale score indicates more body image dissatisfaction.

From the objective scores, Kirsten was more dissatisfied than Beth; and Beth more than Ronia. However, on the subjective rank order based on the tone of the interviews and journal entries, Ronia appeared to feel less confident about her body than Beth. Another interesting difference appears between Kirsten and Beth. They both obtained the same

dissatisfaction score on all of the body parts, 3.24, and their scores on the five parts differed by a point (5 and 4 respectively), but Beth indicated considerably less personal body image dissatisfaction with her body than Kirsten, 3.46 to 4.87, respectively. This seems to indicate there is a certain level of perception about the body which influences the relative level of body satisfaction.

## Theme Structure

The two major questions explored in the qualitative interviews involved each participant's experience of her body and what she thought influenced that experience. Three themes answering these questions resulted from the interviews. The themes were interrelated because what she feels about her body appears to be a direct result of the primary influences in her life. The first theme, influences over body experiences, is broken down into three subthemes: influences over the body image, negative body experiences, and realistic acceptance of the body. The first subtheme concentrates solely on the influences in her life, primarily the media. The media influence was a primary contributor, but not the only one; there were other negative influences, including family, friends, and internal ones. Lastly, some of the females had positive influences; family and friends could also be positive influences. For both family and friends, the influence, positive and negative, tended to be in the form of a comment. The second subtheme, negative body experiences, also includes the general body "look" of the personal ideal and body image dissatisfaction as a result of the negative influences. In the last subtheme, realistic acceptance of the body is discussed. Positive body image experiences and ambivalent acceptance of the body are both healthy attitudes which the participants adopted. These influences are diagrammed in Figure 1 (the figures are placed after their corresponding theme discussion throughout the chapter).

The second theme, control cycle, is divided into two subthemes: the struggle between the desire for the ideal and biological reality, and the control cycle. The first subtheme involves the resulting struggle between the participant's natural biological responses and a desire to attain the ideal. The second subtheme includes the females' behavior as they are faced with this battle. The resulting behavior, such as excessive exercise or restrained eating, is an attempt to take control of their innate biology and attain the desired ideal. The struggle continues as the young women are met by failure and renewed desire. These relationships are diagrammed in Figure 2.

In the third theme, perceived body image changes as a result of imagined physical changes, the experience of pretending to have different bodies is discussed. Because the responses of the participants were so dichotomous depending on the body type imagined,

this theme is helpful in deciphering the web of ambivalence which is common for these females (Figure 3). Lastly, other interesting comments made by the participants were included at the end of the chapter. These were based on common questions from the interviews which did not fit into the theme structure.

## Theme One: Influences over Body Experiences

One of the criteria for defining a set of symptoms as a "culture-bound" syndrome is that it happens with relative frequency in the culture. The disorder, the common culture of thinness, is created by social, personal, familial, and societal expectations, and can only be understood in the context of the influences over the body and the resulting feelings about the body. Not only does the pressure for thinness affect many women, the culture of thinness is influenced by many expectations, or "unwritten rules", within the societal system. The participants could easily define many of these influences which contribute to the culture of thinness (for further explanation, see Chapter Two: The Notion of "Culture-Bound" Syndromes).

### Subtheme One: Influences of Body Image

#### Media Influences

> *And they base that social acceptance or whatever on physical image which is again reflected because of the media. . .And little do they realize that a lot of it is connived, you know media art. But these girls really believe they have to be that way in order to attract a male, in order to be accepted by themselves and others.*
>
> *Ms. Taylor*

The media was the primary influence over how these females felt about their bodies, and the other negative influences were a direct result of the media influences. For example, the participants cited family, friends, and strangers' comments as negative influences. Although there were many other influences, the media influence seemed to be predominant in the negative feelings the participants had about their bodies. It is possible that family, friends, and strangers would not make such comments, if there was no societal pressure towards an ideal body and fat was not stigmatized by society. In some cases the media influence caused abrupt changes in how the females felt about their bodies, and other times, the changes were so pervasive that they made a lasting impression. The media influences almost every realm of the body experience: cognitive and affective reactions to the body, fashion trends, body shape, and eating and exercising habits. Interestingly, even though the media seems to be a primary influence, the participants acknowledged the

unattainability of achieving the standard. Agreeing that the media influences them coincides with the crux of the sociocultural perspective regarding the influence of institutional power over the body. In this case, the media "institution" exerts its power by influencing the acceptable look of the body. This, in turn, influences how each female feels about her body and she changes her eating and exercising behavior so as to be closer to the acceptable body. Since each participant had something interesting to say about the way in which the media influenced her feelings about her body, a comment from each is included:

Beth: *Well, you always see those dieting commercials, and those super thin models. It's unrealistic but that's what you see all of the time. And all the commercials say its bad, you're unhealthy, you're gonna die, you're gonna die twenty years early or something because of heart disease.*

Kirsten: *Basically the media because they have a picture of how people should look all the time. It's a perfect image, you know, perfect hair, perfect body, perfect attitude. It's always upbeat and happy but that's not really how people are all the time. But the media does that with commercials all the time, and even TV shows. . .It influences me by what I should dress like, what I should wear, how I should have done my hair done, what kind of make-up I should wear. I guess what's in style. It's just how a person should look. That's the way it influences me the most. In clothes and body. It should be thin. It shouldn't be over 120 pounds or whatever.*

Rebecca: *And so I think society influences me, the media I mean, in like body type, too. . .But I never felt like I really had to do anything to be skinny, I just was. But sometimes I feel like that a woman's stomach in the magazine is really nice, I wish I had that stomach or whatever, you know? And then you see all these pictures, and that influences me.*

Janice: *Yeah, well I think that my friends or the people that I know you hear talking, they get influenced by it, not just in their body but clothes and everything. But I think it all starts with the body because you see some women who's really skinny wearing a dress, those tight dresses, and you're like wow to wear that, to be in. So I think people fall under it, people say yeah that's what it's like and everything.*

Ronia: *I'm kinda one of those people that look at women and fashion models and stuff. . .I compare myself to them. I don't think they are too, I don't think they are skinny,*

*usually most people say they are gross or whatever, but I don't think so. . .Cause I kinda look at a magazine person and I'll get the picture and put it on the wall. I watch fashion TV and stuff.*

Media ideal body.

> *Very often I will get the acquiesce or get their assent when I will say to them, is this from watching TV and seeing all those people that are comical, witty, bright, intelligent, beautiful, and these girls just feel they cannot meet all those expectations.*
>
> *Ms. Taylor*

The participants described what they thought the media ideal body looked like. The commonalties of the ideal included being tall and skinny. They stated the supermodels are usually well proportioned and really pretty, although they wear lots of make-up. They do not appear to have blemishes on their face and their features are very nice. Their bodies have big breasts, flat stomach, small bum, narrow hips, and toned muscles. The participants' description during the interview coincided with the survey participants' descriptions and the ideal body described in the literature (Chapter Two: Current Ideal Body Standard). Kirsten best describes what all of the participants were saying:

Kirsten: *You always see girls in bikinis in commercials on TV, it doesn't matter where. They have the perfect body, like they may have big breasts and a really small waist. They are the perfect shape, I guess, that's how society wants you to see it as. They have perfect hair, perfect face, the legs are all tanned, perfectly tanned and just the body is completely perfect. That's what people want to see. . .I would say long hair, like flowing in the wind or whatever. Big breasts, really tiny waist. Shaped curves. They don't have a big butt. They legs aren't big, they are really skinny, tanned. Make-up all the time.*

Negative Influences

> *Well, it is absolutely incredible how much pressure and I don't think that society really understands how much pressure is put on teenage girls to look slim, to have this perfect sexual form and features and also, in terms of facial features. You know, the beauty of the face. You know do I look like a cow? Is my nose too big? Is my mouth too small? Or my ears stick out?*
>
> *Ms. Taylor*

The media influence was only one negative influence; the participants noted other things which made them feel insecure about their bodies. Negative influences for these females were anything which made them feel less about themselves and their bodies. Sometimes this was an external influence such as the family or friends who comment on

their bodies, and other times, the participants made comparisons between themselves and others. This comparison is a negative influence over the young women when it makes them feel badly about their bodies. The comparison is made internally and may involve other people or may be made against a memory of what their body used to look like.

Family influences.

> *Also, I must say, in a few of these cases I recall that one or both of the parents have made comments and are also very weight conscious. Do you see? And so you see that tends to be passed on.*
>
> *Ms. Taylor*

Family influences may be negative in that they allow the females to become entrenched in a cycle of control over their bodies or they perpetuate the negative influences by comments. Ronia's family has supported her in attempting to attain her body ideal. Yet for both Kirsten and Beth the family experience has been a negative cycle which feeds their body insecurities:

Ronia: *They know that food's such a big deal. Cause I made cookies with my brother last night and my mom said, "Well why would you make those because you know Ronia's gonna by mad when she eats them" or whatever. Then my mom will, we'll all like try to, well the three of us anyways, will try to be low fat and stuff together. . .I think my brother if anything because I think him and me are, like, pretty close that way. He will come in and I'm like does this outfit make me look fat or? I think I take his advise.*

Kirsten: *I got home from school and it was really hot out. . .I was in my bathing suit and a pair of shorts. . .My mom came downstairs and asked me if I had lost any weight lately. She said it didn't look like it. I felt REALLY big and got very self-conscious. My mom always asks if I've lost weight and it hurts. My mom doesn't mean to hurt me or make me feel uncomfortable, but it does.*

Beth: *Mostly my family actually. They're the ones that bug me the most about it. . .Oh usually they, it's my family'll say, "Well you know, you should really try to lose weight before you go on vacation". "You should try to do this". Or "You're not going to fit into this". . .My family, like every time they make a comment or something like I was saying before, that's when they make me feel like it's my fault.*

Friends' influences.

*And there are certain groups in school that will not accept kids that are overweight into their group, and so very often I think even though kids tend to be very open and aware that there is a problem.*

*Ms. Taylor*

Typically, friends were a negative influence when they commented on the females' appearance or indicated in some overt way that were unhappy with her appearance. Unfortunately, some friends' negative comments made the participants feel very badly about themselves. Kirsten expresses the sentiments echoed by other participants:

Kirsten: *Just basically comments from people cause some people are really cruel. They don't understand that you have feelings too.*

Internal influences.

*. . .knowing that they are a whole and complete person and this is often what eating disorders is based on - conditional love. I cannot love myself. I can only love myself if I am skinny. People will only love me if I am thinner or if I have the perfect body image. Do you see?*

*Ms. Taylor*

On top of having to deal with others' negative comments, these participants continue the negative cycle by comparing themselves to other females. Three questions from the survey focused on social comparison, #11 - "I feel dissatisfied when I compare my body or parts of it to my friends'", #49 - "I compare myself to magazine models", and #62 - "I feel dissatisfied when I compare my body or parts of it to television actresses and magazine models". While only 24% stated they compare their bodies to magazine models, 48% and 57%, respectively, stated they feel dissatisfied when they compare themselves to their friends and to media stars. Since the percentages of endorsement are higher when asked if they felt dissatisfied after comparing, this may indicate that the percentage of those actually practicing social comparison is higher as well. Sometimes this social comparison may involve downward comparison to make the adolescents feel better and other times, they may make themselves feel worse. Considering their new cognitive abilities and their worries about their body image, egocentrism, specifically the imaginary audience, is employed to deal with the resulting anxiety. The young women become preoccupied with how they are impressing the audience; to do this they must compare themselves to others. Rebecca describes how she makes the comparison:

Rebecca: *I think I take a little bit of the really skinny people and a little bit of the larger people and I put them together and think this is about average. I guess I just look at each person's body and you know, get my ideas from looking at different things and you know, I'm about average, not too big and not too small.*

Positive Influences

> *. . .but I think that we have to start promoting and can change how children view themselves and to look at themselves as a whole and complete person and not someone who is just attractive or unattractive and then we have to look at conditional and unconditional acceptance of ourselves and others.*
>
> *Ms. Taylor*

Positive influences were anything that made the participants feel good about their bodies, and consequently, themselves. Usually, the positive influence was provided by someone external, typically, in the form of a positive comment about their appearance. When the positive influence had been fairly stable throughout their lives, there seemed to be a generally higher overall self-confidence in their bodies and themselves.

In terms of familial influences, only two females had consistently positive experiences which seemed to lead to more self- and body-esteem overall. These two, Janice and Rebecca, thought they were more confident than their peers and the number of negative body statements throughout their interviews were fewer than others', although there were some:

Janice: *I think my parents, my dad is usually really positive. He'd always say, "Oh you're beautiful" and he still says it to me. And I think that's what it is. I think that people put it in you. . .If people put you down then you're gonna be thinking down. But I think it started with my mom and dad because they're really like positive people.*

Rebecca: *. . .I think something that highly influences me was my mom. She was, she gave me kinda like I'm proud to be a woman because of my mom because my mom's really, she's strong, you know, and she's done a lot with her life. . .but she has kinda influenced me to have enough self-confidence that I could get myself a Ph.D. or something like that, be a high education or a good job or something like that. And not care what I look like so much. I am smart and that's something that is really good about me.*

The influence of friends can also be positive, and it appears to cause an abrupt change, again, usually the result of comments. These comments can be about one's appearance including clothing, hair, face or body:

Kirsten: *I had just gotten out of the shower, put a pair of shorts and T-shirt on, no make-up and let my hair go natural. . .the girl who was working said I looked really good. . .I was <u>really</u> SHOCKED. . .She said she really liked my hair this way and I should do it like that more often. This made me feel very happy with myself. I felt really good. . .when I do get [compliments] I feel <u>really</u> happy and excited with myself. To me, when someone gives you a compliment, your self-esteem skyrockets and that's what mine did.*

<u>Subtheme Two: Negative Body Experiences</u>

Negative body experiences are typically the result of the internalization of the negative influences, especially the ideal body standards portrayed in the media. Continuous negative comments from family and friends served to reinforce the societal standards and reinforce the negative feelings the adolescents had towards their bodies. As they are drawn into the cycle, the negative body experience intensifies. Each developed a "possible" ideal body which was a compromise between their own body and the media ideal body. Continual comparison, striving for, and failure led to varying levels of body image dissatisfaction within each participant.

<u>"Look" of Personal Ideal</u>

> *The self-referrals are usually girls who are aware they have a very low self-esteem in terms of their body image, that they may be good academically. They may be good in sports but they have too much muscle, too much fat. They don't look right. And that would be sort of the pre-eating disorder symptoms where these children come in looking for help because they feel so rotten about themselves in terms of their body image, in terms of their sexuality, sexual image.*
>
> *Ms. Taylor*

As a result of the media influences, just as the cultivation analysis predicts, females adopt the mainstream view of the ideal body. A "possible self" is negotiated from the socially represented ideal body and the limitations imposed by their biology. The look of the personal ideal depends somewhat on what the body looks like in reality. The participants' personal ideal is more realistic and attainable for them than the media ideal body as with the survey participants. Some common comments among the participants were a desire to be more toned, well-proportioned, and to look healthy. But in many cases they want to "spot reduce" the "trouble areas". As stated in Chapter Two: Body Image

Dissatisfaction, the idea of spot reducing is virtually impossible due to genetically determined fat deposits. All of the participants wanted to be thinner, taller, and change parts of their bodies in ways that would bring them closer to, but not as extreme as, the media portrayed ideal body.

Body Image Dissatisfaction

> *I think that body image is certainly tied in with psychological health and a lot of girls, boys don't have that psychological health.*
>
> *Ms. Taylor*

The females described how they viewed their bodies as a result of the negative influences; the negative influences, including the media, made them feel generally more dissatisfied with their bodies. Just as with the results from Salem and Elovson (1993) (See Chapter Two: Self- & Body-Esteem), the perceived discrepancy between their actual body and their desired body is an important mediating factor. When discussing the negative aspects of their bodies, the parts they concentrated on were the parts that differentiate women from men: breasts, hips, thighs, stomach, buttocks, and weight. This was expected based on the available literature and survey results. The feelings they experienced were guilt, frustration, anger, confusion, hatred, dissatisfaction, unhappiness, and disappointment. There seems to be a desire to change the aspects which cause these emotions yet a realization of the impossibility of that:

Janice: *It was a bad day today. Mom yelled at me and I'm mad now. I tried my bathing suit on and it's too small! I hate my hips and thighs, they definitely need work. I wish I was taller and thinner with no hips then I would actually go outside in my bathing suit even if it was too small. I'm starting to think that maybe I should start running everyday. This sucks.*

*Maybe I'd be a little bit unhappy I guess, but it wouldn't be others, it would be with me inside, it would be I have do something about this, not anything else to do with other people.*

Kirsten: *I see somebody that I don't want to be. Bigger and I don't wanna be like that. My arms are big, my legs are big, my stomach is bigger. I don't wanna be like that.*

*I'd hate it. I wouldn't want it. I don't want it I guess. I don't know I guess I would be really angry with myself. And always be questioning why do I look like this. I would probably be more lazy and I wouldn't do anything but sit in front of the TV. I would be frustrated, really, really disappointed in myself. And just really, really angry.*

Ronia: *Cause for me, like, I don't necessarily have a good figure I don't think because I'm not very well balanced. I'd rather be a little bit more chesty. . .I probably see my thighs cause in that kind of outfit [bathing suit] that would stick out to me. The inner thigh part. Probably my stomach. . .I would probably suck it in. . .I would notice, I think I kind of have short legs too so I don't think I am well proportioned or whatever. And of course the fact, that your chest being small, it's like oh, great.*

Subtheme Three: Realistic Acceptance of the Body

Realistic acceptance of the body is characterized by predominantly positive feelings towards the body. All of the participants made some very realistic statements about their bodies. They all made comments about parts of their bodies which they liked and realized that there were some inherent limitations to changing their bodies. Realistic acceptance is characterized by both positive and ambivalent body image acceptance. Positive body image acceptance seemed to be limited by the prevalence of the positive influences while ambivalent body image acceptance was more generalized. Feeling more ambivalent about their bodies may be an acceptable compromise considering the pervasiveness of the media influences.

Positive Body Image Acceptance

> *The central issue is self-esteem and personal self-worth of that person to themselves. And so then the counseling process takes into account the fact that you know are you a whole and complete person. It looks at self-acceptance because that is the basis to, to self-esteem is looking after yourself: physically, mentally, emotionally, socially, and spiritually.*
>
> *Ms. Taylor*

Positive body image acceptance appeared to be the result of the positive influences. Since the positive influences tended to be external, the good feelings the young women had towards their bodies were typically situation specific and ever transient. Positive body image seems to revolve around other people's reactions to it, and with the parts of the body which are more in line with the ideal. In other words, these parts are liked because either there is less pressure on the specific accepted look of it or because that part is closer to the accepted ideal. For example, some of the participants mentioned arms, lower legs, eyes, hair and a flat stomach as parts which they really liked about themselves. Two journal comments from Ronia and Rebecca describe how comments affect them as well as how their particular body aspects influence the way they feel about:

Ronia: *The experience of wearing that outfit on Tuesday got a bit of reaction from my friends. A guy friend of mine paid so much attention to me that day. I don't find anything wrong with wearing that outfit. Many people (the majority) wouldn't but most people just say, "Ronia can get away with it". My brother tells me all his friends say that. I admit, it feels good. One of my closer friends said something that stuck in my head, " Gee, that's shorter than I thought it was...you must be feeling pretty confident about your body". I mean, I am and I'm not. I wear clothes that best flatter my assets and disguise my defects.*

Rebecca: *I will try on some of my bathing suits today. I guess I'm over excited about going [on vacation] and am choosing which ones to bring early! OK my bikini will go first and at this point I am pondering if it will actually look OK?? I am wondering whether it will be out of style or whether I will look OK (my stomach not sticking out a lot, my breasts fairly "upraised!" - out a little). So I put it on and look at myself in the mirror and think, "Hey this looks okay?" "Actually it looks really nice" and I don't think that it looks out of date! I go downstairs and show my mom and she agrees that it looks really good and tells me that I'm really trim. I actually found that compliment a bit strange but everyone in my family is always commenting on how fit and trim I am.*

Ambivalent Body Image Acceptance

> *In many of these families it's appearances that count versus good strong psychological health and that, often that boils down to parenting and family culture and all those other phenomenological kinds of, you know, pre-determiners that relate to ones experience. So I would say that the psycho-mental health of the child has a lot to with it. . .*
>
> *Ms. Taylor*

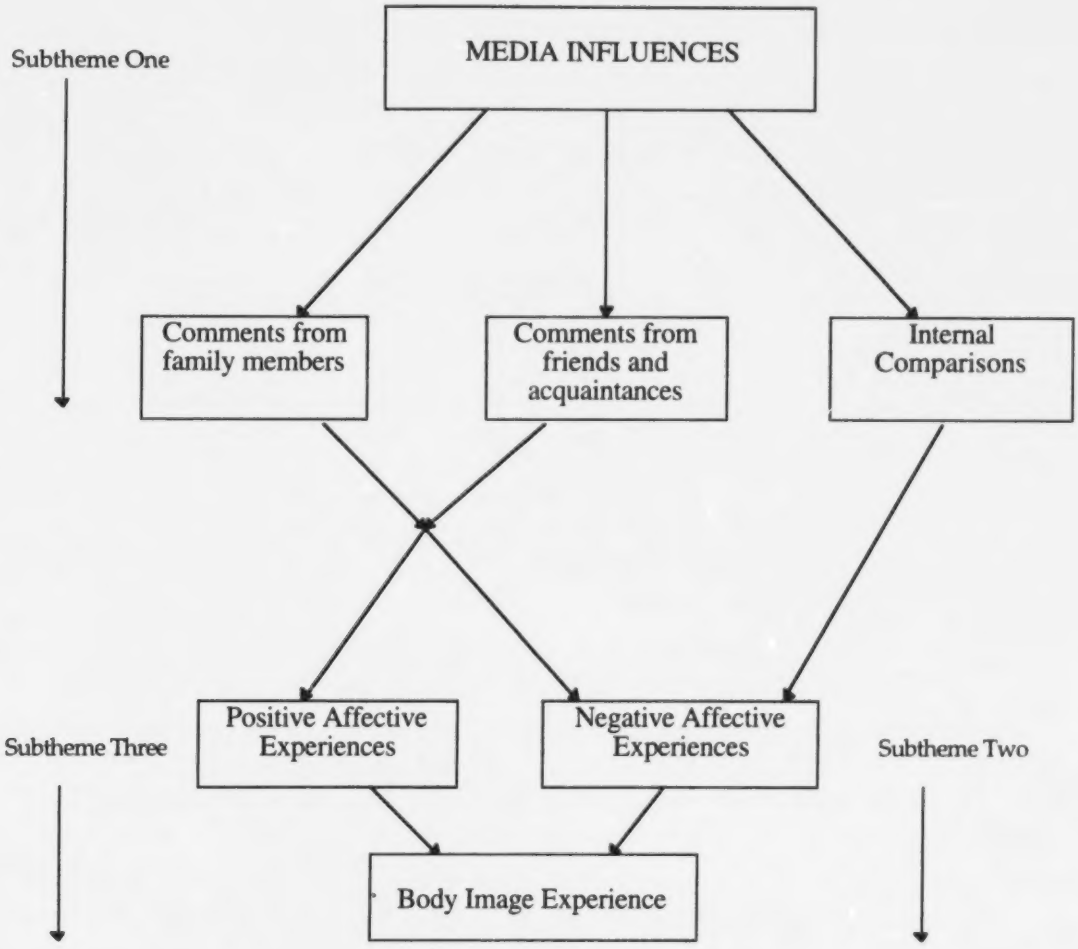
The participants had another attitude towards their bodies: ambivalent acceptance. Although it would be best to strive for complete acceptance and satisfaction, ambivalent acceptance is a healthy compromise considering the pressure to which women must conform. Ambivalent acceptance is characterized by "waffling" between liking and disliking parts of their body, or accepting it with many disclaimers and qualifiers. Ambivalent acceptance of the body image integrates positive and negative feelings about the body. Ambivalent acceptance seems to come from the combination of very positive interactions with family and friends and the negative influences and pressure from the media. Rebecca and Beth's comments are included below:

Rebecca: *I have small, fairly small chest but it's bigger than some other people, so it's not bad. I have scars on my stomach. My stomach could use a little flattening. I have*

*decently sized thighs, they are not that big and not that small. I am fairly, well I'm like not too fat. I always think of myself as being sort of average and I'm not fat and I'm not skinny. So I'm fine with my body, sort of. . .Thinking that it's okay - it's not the greatest and it's not like not that bad. It's okay. I mean, I don't wanna, I'll do exercises maybe to make it better but it's you know, I'm content with it, I suppose.*

Beth: *Well most of the time I just ignore it or sometimes if I get angry I'll say, "Well, it's not my problem if you don't like it, it's your problem". I usually just ignore them. . .Like I don't always feel comfortable with myself. It's other people's problem if they don't like it.*

**Figure 1 : Influences Mind Map**



Theme Two: Control Cycle

As a result of the negative influences, a cycle of desiring the ideal and being held back by pre-determined body characteristics, ensues. Both desiring the ideal, trying to attain it, and realizing the biological impossibility of attaining it, leads to negative or ambivalent body experiences.

Subtheme One: Struggle Between Desire for Ideal and Biological Reality

> *Usually it is a mild crisis or a build up of stress to the point where they can't. . .They're not here to talk about body image. They're here to talk about the fact that their friend dumped them or they failed a test, or their mother's on their case again. Something or other and they just feel completely hopeless and they break down and cry whatever. And then in the assessment I think I try to flush out things like that because it's such a secretive disease. . .*
>
> *Ms. Taylor*

Throughout the interviews, the participants seemed to struggle with their desire to have the ideal body and the realization that having the ideal body will not solve all of their problems, change their personality, make life all that different, and almost impossible to attain because of genetically determined body characteristics. At the same time, the desire remained. Fantasies of what life would be like or how things would be different if they possessed the ideal body are produced from the influences of the media, family, friends, and society.

Desire for Ideal

> *It is not the proverbial fat person dieting. It's the person being so afraid to gain any weight because of the negative. It's seen to be such a negative detriment to be overweight.*
>
> *Ms. Taylor*

There is a struggle between what the participants desire for their bodies and what their bodies' biology will allow them to change. They desire to have their fantasy body; it is their goal. They use affective logic to make decision about their bodies, unfortunately, the emotions are typically negative and self-perpetuating. Sometimes there is a sense of desperation, guilt, and hyper-vigilance of eating and exercising habits:

Ronia: *Cause I got like this picture in my mind like if I ever look in the mirror I know exactly what I need to do. What exactly I want gone.*

Kirsten: *I think about losing weight almost everyday. I think about how I can improve myself and how I could make myself look better on the outside. . .I'm thinking I wish I*

*could change it. I wanna have it changed right away. I don't want to be like this for a long time. I just want it to change over night and then just be thin and stuff.*

A question which seems to linger unanswered in the literature is why women desire the ideal body. What do they expect will happen if they had the ideal body? Media portrays women who have the ideal body as more capable, independent, and smarter while heavier people are stigmatized by the opposite traits. The societal system seems to have adopted these traits and expectations, too. These societal expectations made the participants feel they would achieve more socially and professionally if they looked more like the media presented ideal. In the quotes below Kirsten explains how she thinks life would be different of she attained the ideal body and Beth wrote in her journal how societal expectations affect the lives of those who cannot easily achieve them. In both cases Kirsten and Beth have both adopted the same societal expectations for themselves. In effect, they desire the ideal because it will have benefits on their lives; they have been taught and experienced that how they look affects how they are treated and what happens in their lives:

Kirsten: *Well it seems if you're thin and you have the perfect body, you'll have more friends, you'll be happier with yourself, you'll be like the life of the party, or you'll be more popular. You'll have way way more friends if you look better.*

Beth: (Discussing her angry feelings) *Just at everybody in general because its a big thing that you have to be like that. To succeed you have to look like that and I'm angry about it. . .It made me even more angry when I realized how fat people are shunned by our prejudiced society. What people don't realize is how their little comments can totally shatter a person's ego. They don't realize, (or maybe they do?) how much pain they are inflicting. With all the cruelty and unfairness towards these people is it a wonder why we have so many suicide attempts?*

Attaining and maintaining the ideal.

> *I have had other kids who the initial reaction is whatever you do, don't tell my parents. It's very much a secretive kind of thing, in that they don't know how they could live. "Don't tell my boyfriend, don't tell my parents, don't tell anybody. This is a real secret and I know it's wrong but I have to do it and I can't help myself anymore". So there is this fear. . .*
>
> *Ms. Taylor*

Although the participants desire the ideal, they acknowledge that it is an extreme ideal. Again by striving for the ideal, they have bought into the power of the institution

over their bodies, its gestures, its movements and its acceptable look. The participants discussed how difficult it would be to attain, and if attained, to maintain, the ideal body form. Kirsten describes it best:

Kirsten:. . .*cause you can't be perfect. You may have one thing wrong and that'll just bring you down out of the perfect, I guess. . .but for most people it's not [easy] because they may not have the willpower to get to that. . .because that's kinda impossible to be perfect, to have no flaws.*

Once the ideal is reached, all of the participants discussed the difficulty and hyper-vigilance which would have to be maintained to continue to have that body. Kirsten describes the fear she would feel once she reached the ideal:

Kirsten: . . .*because you'd always have in the back of your mind, "I don't want to look like the way I used to". You would always be nervous about what you're eating and what you're doing. But I think once you got there, you'd want to stay that way. You wouldn't want to mess up and go back to the way you were before.*

Biological Reality

> *I think that a lot of the kids who come in come in with other presenting symptoms of which body image is very significant but they've lived with it since they were 12 years old, since their bodies started changing and started developing breasts and thicker hips or whatever. So what has happened is they have felt so lousy for so long that they don't recognize that often times as a symptom.*
>
> *Ms. Taylor*

The participants discussed the difficulty in attaining the ideal and the limitations which are inherent in their bodies. There is also an acknowledgment that gaining weight and fat in certain areas are part of the natural growing process. As previously explained, the media's portrayal of an ideal body is contrary to a natural woman's body. These females seem to know, cognitively, that the ideal body is unattainable, but affectively, still desire it. Through their egocentrism, their personal fables, they think they can overcome their natural biology and attain the ideal. As they are met by failure and lack of willpower, the struggle between desire and biology continues. In the following quotes, Janice and Rebecca have accepted their changing bodies and inherent limitations, but this acknowledgment does not exclude the desire. The two are not mutually exclusive but rather symbiotic; they gain power by their co-existence:

Janice: *I think it's hard [attaining the ideal] cause bodies aren't built the same. Like if you are big boned and tall or really or if your family is like heavy then your just not going to be that ideal so, but ideal for some people is not ideal for everybody else. . .I know that no matter how hard I exercised (or dieted) I'd never be the tall skinny model like magazines show. I'm just not built like that.*

Rebecca: *Yeah, switching clothes and getting bigger [is part of the growing process]. I think especially with jeans and they get smaller because of your hips growing. And your hips have to grow with being a woman. You have to have bigger hips than when you were little - it's just something that changes.*

Subtheme Two: Control Cycle

As a result of the struggle between wanting to look like the ideal and the inability to attain the ideal body because of their natural biology, they attempt to control and tame their bodies towards that ideal look. The control cycle develops just as explained under Chapter Two: Self- and Body-Esteem, and leads to a reduced self-esteem. Eventually, the cycle becomes self-perpetuating and they become even more entrenched in it.

Eating and Exercising Behavior

> *I can remember a girl last year who, you know, was in the Student's Union and was involved in this, that, whatever and had a very active social life but threw up her supper every night because she didn't* ***want*** *to get fat. And she was up there chairing one of our school social events, and didn't eat for a whole week before it because she had to look just right.*
>
> *Ms. Taylor*

Restrained eating, or "eating healthy", and exercise are vital aspects to the control cycle. With these females, eating healthy paralleled restrained eating. Eating healthy involves controlling when and what is consumed, for example, less fatty foods are eaten. Many times, exercising is used to compensate for what was eaten earlier. Guilt seems to be a primary motivator in the control cycle. Ronia was the most articulate about the control cycle and its aspects in her life:

Ronia: *. . .like when I picture those two ideals, I picture my eating habits being really different in each one too. I think in the ideal one, cause if I got my ideal then I imagine I must have everything in sync. I'd be exercising and I would have my cravings under*

*control or whatever. And if I am under par then I am pigging out all the time and I will have to start eating better.*

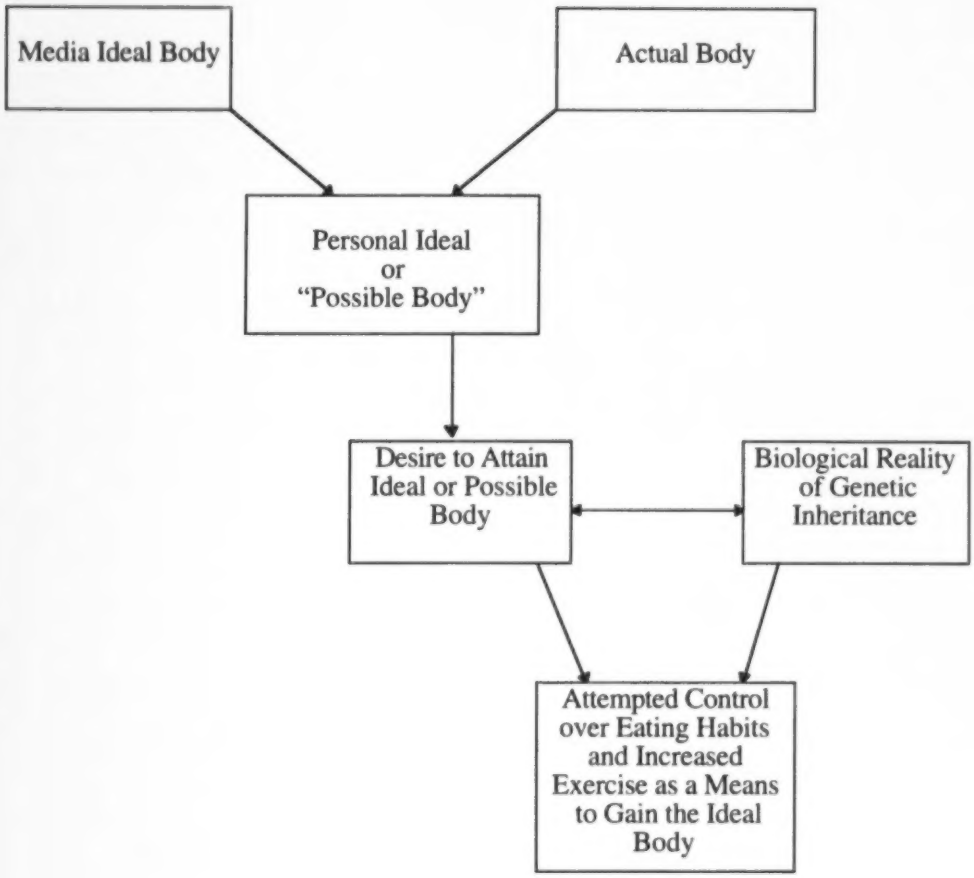
Ronia: *I don't know if it [eating and exercising] ever completely leaves my mind, you know like during every class, I think about it and as soon as I get home from class I have to, on the way home from the bus, I am probably thinking somewhat about it. I mean I'm obviously thinking about other things too. It just seems like it's a constant part, too.*

Ronia: *. . .and my will-power is not really great. I'm kinda, like, obsessed with food. When I come home from school it's certain times, it's habit. Hunger is not really the point anymore. If I could control that then. . .*

Ronia: *After school is when I really start. Just when I come home, I come home at quarter after three and for fifteen minutes I figure out what I am going to eat and fix it up or whatever. Then between 3:30 and 4:30, I eat it. . .I'll have like maybe, I've gotten healthier so I'll have a salad. I'll have these pita pockets with like sugar and cinnamon on it and you put it in the oven and it like toasts and makes like tacos. And strawberries and sometimes I'll have like cookies or if we have ice cream around. . .That's all in one hour. . .After I will have some drink or something, like ice tea. . .*

Ronia: *. . .then I say okay tomorrow, I am not going to do that and then that night, last night, I went for a jog just so I could you know, cause, you know, I don't seem to have that control. . .cause then I feel like I am going to actually burn it off. It's not going to just stay there or accumulate or whatever. And then also with, I get also nervous if I haven't done any weights for awhile because I think that my muscle mass is gonna go down. Cause that means the more muscle mass you have, the more you need to eat or whatever. So then cause I know I like to eat, and then if I exercise then if I have enough muscle mass, anyway then I feel like I can do that.*

**Figure 2: Control Cycle Mind Map**



## Theme Three: Perceived Body Image Changes as a Result of Imagined Physical Changes

During the interviews, each participant was asked to imagine herself in front of a mirror in her bathing suit. First they were asked to describe their bodies. Then they described what their ideal body would look like and what the opposite of their ideal looked like, the "un-ideal". They also discussed their feelings about their bodies and what would change in their lives as a result of the look of the body. Lastly, they were asked about the whole experience of "changing bodies".

### Subtheme One: Positive Reactions to Imagined Body Changes

> *I think that we're going to have to focus on healthy life style versus body image and that we're going to have to take a look at body image in relationship to the media and I don't think that will ever stop.*
>
> *Ms. Taylor*

As a result of experiencing the ideal body, the participants had three interconnected positive changes: increased self-esteem, generalized mood shifts, and behavior changes. The females thought they would be more confident in their bodies and feel better about it because of how it looked. Due to this, they would have a better social life, do more, be a better person. Examples of these changes are provided in the following quotations:

Beth: *[Since Beth did not believe that she would feel any differently about herself if she had the ideal body, she answered the questions based on how she thought other females would feel if they had the ideal body.] I guess their self-esteem, their self-worth. I think their confidence would change. They'd be more confident, they'd feel better.*

Kirsten: *I'd be happy. I'd be happy with it. I wouldn't be disappointed. I wouldn't be frustrated or anything. I would be excited for the way I look. I would probably be outgoing. I guess I would kind of be joyful, too, kinda be joyous in what I had and stuff. . .I think more guys would like me. I think I would be more popular or something. Have more friends. Probably just be happier with myself. My family would be happier with me. I'd have more energy I guess.*

Ronia: *I'd probably still be like exercising and trying to keep a good diet. And I would probably be a lot more like in my outfits. Cause I like to in the way I dress I kinda highlight all of the good things or whatever so then I could dress in whatever I wanted to. And I probably wouldn't hesitate to go swimming or anything like that.*

Subtheme Two: Negative Reactions to Imagined Body Changes

> *. . .usually the overt signs and symptoms are depression, feeling hopeless, feeling out of control, feeling that they will never amount to anything, no boy will ever like them. That kind of pressure for acceptance by the opposite sex. No, but the initial signs would be there coming in because they can't sleep, because they are having problems.*
>
> *Ms. Taylor*

The opposite to the ideal body, or the un-ideal, had its own characteristic look about it. The participants described it as short, round and heavy. Specifically, it had small chest, and a big bum, stomach, legs, arms, and thighs. The body had more cellulite and flab.

An interesting physical anomaly in the ideal body becomes even more apparent in the un-ideal body. Although breast size has a genetic component, they are constructed largely of fatty tissue, therefore, as the percentage of fat increases, so should the size of the breasts. And conversely, as she loses weight, the size of her breasts should decrease to a certain extent. The media ideal body is very thin with a very low percentage of body fat, but the breasts are quite large. This has been made "biologically possible" by breast augmentation. But in the un-ideal body, the same logic has been employed. The body is heavy with a high percentage of body fat, but very small chest proportions, an unlikely physical combination. Again, this gives credence to the notion that females look at their bodies in disassociated parts; the body is not seen as a whole, complete body. The big picture of how the parts fit together is not seen, rather isolated parts and physical combinations which are virtually impossible to imagine are. This may be why the female's selection of an ideal body (Chapter Three: Hypothesis Three), was not very consistent especially with the media presented ideal body

Imagining to be in that body, the un-ideal, also brought out very negative reactions and feelings from the participants. They experienced a reduced self-confidence which would seemingly interfere with their social life, affect and behavior. Since each participant had an interesting comment about their experience of the un-ideal body, a quotation from each is included:

Beth: *[. . .what has changed in your life?] I guess my self-esteem, my self-worth. . .Well its just gone. Now I am afraid to go out. Now I'm afraid to be around other people. Shy.*

Janice: *I guess, I think I would just be less, like I can just see sitting at home on the couch instead of going out.*

Rebecca: *Kinda feel gross. I don't know, like, if I had it personally, some areas I would be like maybe I should do something about this. And if I couldn't I would kinda feel bad, I think.*

Kirsten: *I think my parents would be disappointed in me. I don't know I wouldn't have any energy - I would just sit in front of the TV. I don't think my friends would, they might be like "Uhh look at her - she gained a lot of weight" or something and just I don't know probably be grossed out by it or something. I think my parents, that would be the main thing, they would be really disappointed and angry with me cause they know I could do better than where I was at.*

Ronia: *Like really self-conscious. Like you'd wanna, you'd dress to accent what is actually good about it and hide the bad stuff about it whatever. And kind of give the illusion, like I wouldn't be as confident about it. And like in dancing I would probably be like wearing shorts and a T-shirt every time. And I guess I would dress according to it and so I think if you're feeling self-conscious about your body then you kinda don't feel confident overall I find. So then you would probably just walk about the hallways like yeah (looking embarrassed).*

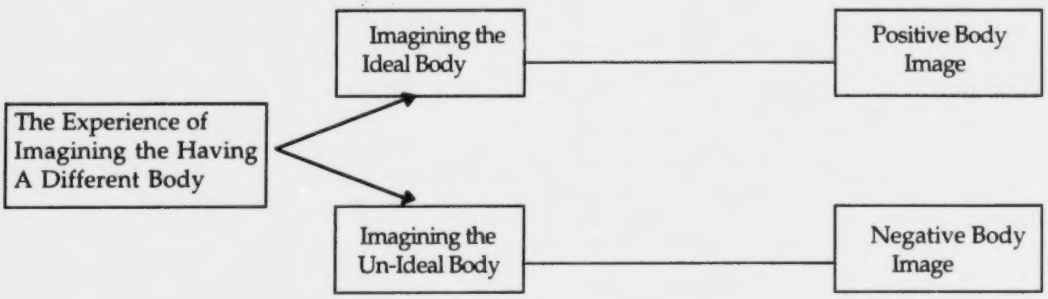
## Subtheme Three: The Experience of Changing Bodies

> *And so I immediately I'll point that out and draw that flower, five petal flower of life that I use all the time and I'll point to the physical petal and say "What are your choices there? And how have you been making choices? And how do you feel about yourself physically?"*
>
> *Ms. Taylor*

Pretending to be in different bodies allowed the participants to experience how their lives would be different and how they would feel differently about themselves, both positive and negative, on a daily basis, if their bodies looked differently. They were given the opportunity to imagine having both what they desired and what they abhorred. Their responses coincided with the reactions of society to those who look like the Supermodels and those who do not. Regardless of their relative size and their "closeness" to reaching the ideal, their experience of both being in the ideal and un-ideal bodies was very similar. In other words, regardless of how the actual body looked, the participants could imagine being in a body worse than and better than the one they had. Kirsten best explains the change from the ideal to the un-ideal:

Kirsten: *It was weird. It was different. Cause you're thinking about what you could look like or when you have the ideal body and you want to look like that then you jump to the exact opposite and your feelings just, like, drop. They go really low. It's like a low self-esteem kind of thing. You don't want to look like that. And you get worried that you might look like that forever and you don't wanna be like that. It was kind of neat though because you were kind of jumping from, like, I don't know, one person to another it seemed. It seemed like two totally different people, physically and mentally.*

**Figure 3: Experiencing Different Bodies Mind Map**


Imagining the Ideal Body
Positive Body Image
The Experience of Imagining the Having A Different Body
Imagining the Un-Ideal Body
Negative Body Image

Other Interesting Comments

The participants had some other responses to questions which were very interesting but did not fit into any of the themes or categories. The questions and answers to them are listed below.

**Who do you think the media portrayed ideal is for?**

> *The central issue is self-esteem and personal self-worth of that person to themselves. . .It looks at self-acceptance because that is the basis to , to self-esteem is looking after yourself. . .And when I ask them to rate on a scale from 0 to 10, very often you will find. . .girls who rate themselves 0, 1, 2, 3 on the physical scale because they feel that their physical image is not acceptable to themselves nor is it acceptable to the opposite sex or to anyone else.*
>
> *Ms. Taylor*

Kirsten: *Everybody, teenagers, older people, not as much but even adults. Some adults, like people in their 20's, early 30's, but mostly teenagers. Both male and female for sure.*

Ronia: *Well, it would be partly for myself cause that would be good if I was like that, I'd be happy about that.*

Rebecca: *I think the ideal...I don't think it's for anybody. I think it's, their trying to like give us something but we should not take that because I know maybe I have but I don't think we should.*

Beth: *For every female in general.*

Janice: *I don't know. I think it's for the younger people like us but I don't really know. Cause I wouldn't, I don't know. Probably for us, but I don't know why they would put pressure on girls because I think there is enough pressure with life just as it is without having to do that to people. I don't understand that now that I think about it. I never thought about that before. But yeah, probably for, cause that's who it comes to, the teenaged girls or young girls. But that's a lot of pressure to put on people I think. To show pictures and then say, "Oh you don't have to be like that, you don't have to be like that", but that's what the pictures, everybody sees the pictures and thinks wow that's nice. Then you feel the pressure from everybody else. I don't know who it's for.*

**What if there were no media ideals? Or what if they represented a variety of acceptable body ideals?**

> *So I think we're basically, until we change male attitude towards female body image too, I don't think, because the males control the media and a lot of that, I don't think that things are going to change. . .*
>
> *Ms. Taylor*

Kirsten: *Then you wouldn't have to live up to somebody else's standard or how people look at you. I think I would be happier with myself for sure.*

Beth: *Things would be different if you didn't have those influences cause they make you feel bad. Most of the time you're just comfortable with yourself.*

Rebecca: *I think that me personally, I'd probably wouldn't mind my stomach the way it was. I probably wouldn't really care because they're the ones that always push the flat stomach and I think it looks nice but you know it's not that necessary. And I think it would also change. . .I think a lot of guys opinions would change if they weren't influenced by the media as much.*

## Concluding Comments

The themes discussed in this chapter support much of the literature and the results found from the survey. In many ways the themes are distinct from each other in topic content but interconnected in the cycle and development of body image. Many different things seemed to influence these females and how they felt about their bodies. The media influences was the biggest influence which the participants discussed. Other negative influences pervaded and created an atmosphere conducive to negative body experiences. Positive influences allowed the females to feel generally more positive about their bodies. Of course no female's experience is entirely positive or negative, but if there were black and white experiences, it seems that those who had all positive experiences would be extremely satisfied with their bodies and those who had all negative experiences would be extremely dissatisfied. Using this dichotomy as an example is helpful, though, in understanding the continuum of body image satisfaction and ambivalent acceptance of a female's body. Where she is on the continuum and the degree of positive, negative or ambivalent feelings towards her body appears to be dependent upon the source of the influence (media, family, friends, etc.), the importance of the source to the individual, the amount of time spent with the influence, and the strength of the influence (Figure 1).

The facets affecting the influence over the body also affect the control cycle. The participants were all in the cycle in some manner. They each had a part of their body, usually the hips, butt, thighs, stomach, or weight, which they would like to change. Therefore, some were more entrenched in the cycle than others depending upon the number of body parts they wanted to change, the intensity of the need for change, the relative previous successes, the strength and importance of the influences, and the perceived ability to attain the ideal. This ideal is unique to the individual but is influenced by the media ideal body in that it shares many of the same characteristics. Those who have generally more realistic body experiences than negative body experiences may be less entrenched and more willing to accept their body as it is naturally. Regardless of where each was in the cycle, the reality of the unattainability of the thin body ideal continually interrupted. Cognitively, they seemed to know that they would never be able to attain the ideal body, but affectively, the desire remained.

Lastly, in the interview experience the participants were provided with the opportunity to imagine and fantasize being in their ideal and un-ideal bodies. This "trying on of different bodies" led to a more black and white experience of the body. When they were in the ideal, the body was experienced as more positive, but when they were in the un-ideal body, they viewed the body as more negative. Their tone of voice and posturing of the body changed with each condition as well. The ideal body made them sit up

straighter and speak in a happier tone of voice while the un-ideal body led to a slouching, or folding inward on themselves. Their voices became heavier and more depressed. In these experiences there was no ambivalence and no interaction between the two images. The completely dichotomous response to the two ideals serves to support the relationships in the Influences Mind Map (Figure 1) and the Control Cycle Mind Map (Figure 2) where the interconnections are more convoluted.

Therefore, there is a strong relationship between how these young women felt about their bodies and how they felt about themselves as a people with something meaningful to contribute to the world. This relationship is affected by the experiences and influences which surround them in everyday life including the media and society, family and friends. Their personal ideal and their relative closeness to it seem to be a factor which dictates their level of dissatisfaction. Regardless of the look of their actual body, the participants' perception of it is colored by what they want to look like and their affective experience of their body; they each have a picture of their personal ideal that they strive for everyday, a compromised possible body.

# CHAPTER SIX
# CONCLUDING DISCUSSION

## Summary

The major purpose of undertaking this research project was to investigate the media's influence on body image concerns in female adolescents. Four goals were delineated: (a) to understand body image concerns in the context of the sociocultural perspective, (b) to find the prevalence of body image concerns in the female adolescent population, (c) to discover the rate of acceptance of the thin bodily standard presented by the media, and (d) to understand the experience of body image concerns and how accepting the media portrayed ideal body influences this experience.

Approaching body image concerns using Foucault's argument of power influencing social body was a challenging task. Although his argument has been used by feminists in the recent past, it has not been used specifically to discuss the influence of the media over women's bodies. There were many relevant concepts essential in the body image literature to understanding the sociocultural perspective. The differences between populations and how inclusion in a group changes body image concerns were discussed. Lastly, the important developmental change in females and the prevalence of dieting and body image dissatisfaction were documented. The basic premise in the sociocultural perspective is that people do not function independently of their cultural norms and rules. As society becomes more inundated with technology, one's body is increasingly influenced by one's perception of society. In this case, female's are abiding by the rules and norms promoted by the media. Although the interview participants stated that friends, family, and strangers influenced them, these were, in turn, influenced by the media. The media is the primary institution focused on throughout the research project, but others, including medical, toy, cosmetic, and weight, participate in controlling the look of women's bodies.

The survey, created for this research project, focused on the media portrayed body and body image concerns. Body image concerns seem to be prevalent with the female adolescent population. Even the females who say they do not feel very body conscious demonstrated a low level of body image dissatisfaction, usually in the areas which accumulated fat during adolescence. Although the females did not reflect the tubular ideal presented in the media, they were fairly consistent in their description of the ideal body. The females described their personal ideals as smaller than they thought their friends' ideal was, and this was smaller than their perceived societal ideal. The females were closer to reaching their desired body than the societal ideal. Lastly, those who were more

dissatisfied with their bodies accepted the societal standard more than those who felt more ambivalent towards their bodies.

The population surveyed and interviewed accepted and acknowledged the influence of the media over how they felt about their bodies. The media influence was so pervasive in the interviewing sample that it became a predominant subtheme for discussion. Primarily, the media seemed to be a negative influence over the young women's lives in that they compare themselves to the media stars and idolize their bodies. Both the survey results and the interview data indicated that there is a thin media ideal body standard for women and that the majority compare themselves and incorporate aspects of it into their personal ideals. The influence of the media struggles against any positive influences which the women experience in their lives. The media's portrayal of the thin bodily standard inadvertently makes them feel badly about their natural body. This coincides with the sociocultural argument that social institutions influence the body and how it looks.

From this power and the discrepancy between what is achievable and what is natural, there is a battle between desiring the ideal and biological reality. Cognitively, the adolescents realize the impossibility of attaining the ideal especially as they age, but affectively, they still desire it. Part of how they feel about their bodies is affected by their perception of it, in other words, how they are influenced by the standard and how close they think they are to attaining their personal ideal. A strong relationship is formed between how the females feel about their body and how they feel about themselves as people. Regardless of how their natural bodies looked, they felt compelled towards an ideal body which was more in line with the media ideal body.

## Implications of the Current Study

Body image and its many aspects is a widely researched topic. Only a few studies have actually attempted to empirically test the relationship between body image concerns and the influence of the media. This research project was important to the field because it served to broaden the scope of knowledge rather than duplicate. More studies in this area are needed to apply pressure to the institutions within the societal system and to make parents and other professionals who work with women aware that there is this influence. Quotations from the survey participants explain the implications of this study. Note that the comments are split into three groups; each group relates to different implications for the study. The first group implicated the societal system in body image concerns. The second group reflected the personal effects of the body standard on women, and the last group indicated realistic acceptance and assumptions about their body. The quotations have been

edited slightly for the ease of reading. The changes were grammatical and spelling errors and in no way altered the content of the statements:

1. Influence of the Societal System:

- *I think this will really show how much girls really end up having to worry about their bodies.*
- *It made me realize society's effect on teenage girls.*
- *Overall society expects the same for us as we expect for ourselves.*
- *Personally, I think today's society places a too high emphasis on body figure. For women, its what you look like, not what you know, is what's important. People have unrealistic assumptions about fat people, that their lazy or unhealthy, which I am not.*
- *It makes you think more about how much society really affects your thinking.*
- *I think it will make people realize that TV changes people's minds about themselves.*

2. Personal Impacts of the Thin Body Standard for Women

- *I feel many girls my age are comparing themselves too much to the "ideal" figure, and this is <u>not</u> right.*
- *I think that it is a good idea to do survey's like this because many girls have a stereotype of the perfect body that society has portrayed and go to great measures to achieve it.*
- *This survey totally put how I feel about myself into perspective and I'm going to do something about it so next time if I take this survey again I can feel good about myself.*
- *It was very good and thorough, gets you to think about how you feel about yourself.*
- *It made me think that I judge people a lot by their appearance.*
- *No one thinks they are perfect. Everyone picks out flaws about themselves.*

3. Realistic Assumptions

- *I think girls do worry a lot about their weight and body size but it doesn't affect how they live their life. Girls realize that they are strong and they don't have to listen to society.*
- *It made me think, society puts <u>way</u> too much pressure on girls to be skinny and look perfect all of the time. Nobody's perfect. We come in all shapes and sizes.*

Taking into consideration the diversity of their comments, a variety of implications have been stated. In the first group of statements the societal system is implicated as a primary promoter of body image concerns. One female made a disturbing statement, *"Overall society expects the same for us as we expect for ourselves"*. This statement epitomizes the acceptance of the societal standards for females and seems to be the view that would need the most remediation. The second group of statements reflects how the survey personally affected the females. Again, one of the female's comment was particularly disturbing because she was influenced towards attaining the ideal and not away from it; *"This survey totally put how I feel about myself into perspective and I'm going to do something about it so next time if I take this survey again I can feel good about myself"*. The honesty of these reactions reflects important dynamics on which to capitalize for teachers, parents, psychologists, and other professionals working with females on body image concerns. In the last group of statements, females discussed body image concerns with realistic acceptance. This is a very positive attitude which needs to be fostered.

As with any project, improvement could always be made. If I were to do this study again, I would have explored the literature so as to develop a study in which there was less duplication, since there is much research in the area of body image. I would also make the changes indicated in Chapter Four: Critique of the Survey. This would make the survey succinct and reliable, and more focused on the particular questions I wanted to know. In the qualitative interviews I would have broadened the scope of my questioning to make finer distinctions in their responses, and have more participants over the body image continuum so that the differences between the ranges were more evident.

## Theoretical Significance

The approach taken in this research project explored body image and the media's portrayal of a thin bodily standard for women through a review of the literature, theory, empirical statistics, and qualitative interviews. In the review of the literature focusing on the sociocultural perspective, many facets affected by body image concerns and the influence of the media were examined. The major argument supported, based on Foucault's theory, was that the societal system exerts power over women's bodies through institutional standards. To reject the norms leads to insidious results which impinge on the social and professional lives of the resistor. Since the focus of this project was on female adolescents' experience of being influenced and what they thought influenced them, the results broaden the scope of the theory and lend it support. Although none of the participants discussed the institutional power as delineated in Chapter Two, many of their

comments and the results of the survey, alluded to the power of the media's influence over them.

A confounding factor in the influence of the media which makes it difficult to pin-point the significance, direction, and importance of the body standard as the primary promoter of body image dissatisfaction in women is that it is omnipresent and amorphous. Its diaphanous quality makes it difficult to describe and assign responsibility for change. The many levels of bureaucracy make it difficult to instill the will to change because there is no one to initiate it. The decreasing trend in the size of the models, their pervasive presence on television and in magazines, and the prejudiced attitude towards those who deviate from the standard, the whole "culture bound" syndrome, creates an incredible amount of pressure for women. The pressure is inadvertently passed from mother to daughter, father to son, teacher to students, role model to adolescent, and media industries to consumer.

Fortunately, the unsubstantiated hypothesis in this project may provide hope for the dissolution of the power of the media over the body (See Chapter Four: Hypothesis Three). The trend in the ideal body presented by the media for about the past 30 years is the tubular form (Garner, Garfinkel, Schwartz, and Thompson, 1980), but this has not been passed on to the group of females which participated. The question is why? Many reasons could be ascribed. It may be that there is a struggle between the maternal ideal and the tubular, childless one. But where are the females getting support for the maternal ideal? Although there are few pictorial representations of the maternal ideal in the media, interactions with real life mothers who have the maternal ideal naturally may be one source. As seen with the interview participants, family appears to be a strong source of influence. It is also possible that the trend has not been pervasive enough to generalize to the whole population. This seems unlikely, though, since research has demonstrated the trend has been around for approximately 30 years. One feasible response is that the ideal body in the 1980's was very thin with large breasts, a possible combination with breast augmentation. This makes the ideal more like an inverted pear. When this look is combined with the larger hipped look of real life mothers, the lasting impression is more the hourglass shape. There may also be a discrepancy between sexuality in the form of large breasts, and the lean, prepubescent tubular body presented by the media. Lastly, it could also be the difficulty this group of females had in integrating the disassociated body image that made the tubular ideal more difficult to characterize. Searching for other paradoxes in the sociocultural perspective may indicate a shift away from relying on societal expectations as a source of ideals. While collecting the data, a teacher of Career and Life Management (CALM) classes in grade 11 and an actress in a play on eating disorders which was presented to the high school, stated that they thought the culture of slimming is on the

downhill slope. Although this is encouraging, I think there still is significant pressure to conform to the media ideal body.

## Practical Implications and Recommendations

Obviously since the media is the largest influence, it would be ideal to begin changes with the industry. But since the media is a diffuse, bureaucratic conglomerate and many other industries rely on their promoting the thin standard, such as the toy, cosmetic, weight, medical, etc., it is doubtful this will happen. On the one hand, there has been more diverse looking people on television in the United States, but an accepting attitude is not necessarily presented towards them. For example, an heavy person is included as a character in a sitcom, but her size becomes the source of humor. While they have shown a more diverse look of people, the size of models has continued to decrease.

Since it is doubtful the media and other institutions will dispose of capitalistic rewards obtained by the promotion of a thin bodily standard in the name of psychological health for women, the most feasible action is education. Awareness of self-worth, integration of body image into a whole, knowledge of eating disorders, and of women's natural development are important aspects of education. Education must also deal with teaching males, parents, teachers, and role models how to engage in appropriate behavior. Ms. Taylor describes the preventive education they have taken in the high school. The second quotation describes what can be done with younger children at school and in the home, also applicable with the adolescent population:

*So I think that's significant in the sense that I think the girls spend and we do do education programs and whatever and spend a lot of time dealing with that in CALM, we give it to them in CALM and religion, through speakers, plays, like you observed this year and also the personal counseling. And we tend to follow-up on every case we get. So, so I think the kids are very aware they have help. . .In fact I think with education I would hope we would tend to see less and less of this happening. I know at the junior high school have gotten involved in preventive education right now and more involved with. Mind you in my private practice I see a lot of junior high kids. Again they are teased mercilessly in regards to their weight or some physical aspect or not accepted by their peers.*

*I would think that peer group. . .and I also work in an elementary school somewhat and I think there is a lot of avoidance or well just don't listen to them when people, when kids are verbally abused about their body image. And don't worry about it and that kind of thing in that way it is almost approval of these comments and these put downs are okay,*

*they're not a big problem, we can live with them. I think we have to develop a zero tolerance to any kind of verbal abuse because that is verbally abusive and certainly emotionally abusive to the receiver of that. And parents need to do that in their homes and recognize that it is an abusive thing as well as the schools, in elementary and junior high schools. I think kids in high school don't do that much overt teasing and picking on people who are not deemed appropriate body images. I think that it tends to be don't pay attention to it or it's not really looked at as a serious issue.*

Education for both males and females is one way to fight the influence of the media. In educating adolescents the normal biological weight gain in females should be emphasized, and the discrepancy between this and the media ideal body should be explicated. Making males more aware of females' non-sexual pubertal changes as compared to theirs' may make them more tolerant of diversity. When watching the play on eating disorders, the females expressed their concern that males could not participate and learn what some women do to stay thin. Females should be encouraged to respect and integrate their body images into a whole rather than fragmented body parts.

As Ms. Taylor stated, society needs to develop a zero tolerance for judging people by their appearance. This is a formidable task, but with continuous education, there will be a slow change. As became evident in the discourse on history presented in Chapter Two, this influence has become pervasive in society. The best solution is virtually impossible and all others will take time and effort on the part of dedicated individuals. Once a trend is established by the people through education, and they revolt against the power of the institutions, the institutions will follow. As role models change their responses to individual people, they model acceptance and tolerance.

## Suggestions for Further Research

Researching body image issues is a formidable task because there are many facets to it. Much of the available research attempts to replicate previous studies or simply tries to answer the same research question in a new way. Knowing more about body image, what influences it and how body image dissatisfaction and eating disorders are connected may improve screening devices and preventative strategies. Further research should attempt to focus on new unexplored facets of body image. For example, the reasons why females desire to attain the thin standard and why there is a standard for women at all is widely debated. Rather than debate this, some of the proposed reasons could be explored and what could be done to change it. Studies should focus on why females are influenced by the media. The influence of females' positive experience should be researched so that those

methods can be applied to primary prevention and education. The effects of educational programs should be explored, too. Further research should be done across the age span since there may be differences in the manifestations of body image dissatisfaction at different ages and stages in a woman's life. Lastly, the representation of males and the influence on them should be studied to understand how the experiences differ between men and women, and how men's experience can be applied to the psycho-mental health of women.

## Conclusion

The main purpose of this study was to understand how the influence of the media presented thin ideal body affects women's well-being and psychological health in relation to their bodies. Looking at the influence of society is just one way of understanding body image concerns. The responses from the participants indicated the sociocultural perspective is a cogent argument about how societal expectations promulgated by the media affect how female adolescents feel about their bodies. By identifying the commonalties in the experience of body image and the influence of institutions support the premises of the sociocultural perspective. Although in both the survey sample and the interview participants, the level of satisfaction differed across the continuum, the influences were generally same, especially the negative influence of the media. All of the females could envision improvements to their bodies; this unfortunately gives credence to the Duchess of Windsor's notion that "You can never be too rich or too thin". Through education, the masses of women must rise up and show the societal system that anything but their natural bodies is "too thin".

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**APPENDIX A**

ETHICS APPROVAL FORMS FROM

THE DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

RESEARCH AND ETHICS COMMITTEE

April 11, 1995

From: Department of Educational Psychology
Research and Ethics Committee

The Research and Ethics Committee of the Department of Educational Psychology has reviewed the attached proposal and finds it acceptable with respect to ethical matters.

Applicants: Dr. G. Hess on behalf of Denise M. Collins (graduate student).

Title: Female Adolescent Attitudes toward the Socially Accepted Thin Body Ideal.

Participating Agency(ies):

Recommended Change:

Marylea Bibby
Chairman or Designate, Research
and Ethics Committee

April 12, 1995
Date

**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY ETHICS REVIEW**
**Description of Project and Procedures for Observing Ethical Guidelines**

PLEASE PROVIDE 2 COPIES OF THIS DOCUMENT TO THE CHAIR, RESEARCH COMMITTEE, DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

**Project Title:** Female Adolescent Attitudes toward the Socially Accepted Thin Body Ideal

**Project Deadlines:**

**Date by which project approval is desired:** April 14, 1995

**Starting Date:** April 26, 1995 **Ending Date:** August 1995

**Applicant:**

**Principal Investigator:** Denise M. Collins

**University Status:** M.Ed. Student, Counselling Psychology

**University Address:** 6-102, Education North

**University Telephone:** N/A

**If the prinicipal investigator is a student, please provide the following information:**

**If the research project is for a thesis or dissertation, has the applicant's Supervisory Committee approved the project? Yes** N/A **No** ___

**Name of Academic Advisor:** Dr. Gretchen C. Hess

**University Address:** Department of Educational Psychology

**University Telephone:** 492-7375

Gretchen C. Hess — **Signature of Principal Investigator. In case of a graduate student, signature of faculty advisor.**

Denise M. Collins — **Signature of Graduate Student (if applicable)**

6 April 95 — **Date**

**APPENDIX B**

PARENTAL INFORMED CONSENT FORM

FOR DAUGHTER'S PARTICIPATION

IN THE IN-DEPTH INTERVIEWS

May, 1995

Dear Parent(s)/Guardian(s):

I am currently working towards my Master of Education in Educational Psychology at the University of Alberta. My thesis research focuses on female adolescents' attitudes toward the media's presentation of a specific body ideal. In my study high school females completed a survey on their feelings of body image dissatisfaction on April 26. Students were asked to include their names and phone numbers if they were interested in participating in interviews in May. Your daughter was interested in having an interview.

Your permission is requested for her interview. The interviews will be audio taped for my convenience, but the tapes will be destroyed when the study has been completed. I will be conducting the interview myself. Your daughter will be promised confidentiality which means that I will know who she is but her name and any identifying characteristics will be changed in the final write-up. To ensure your daughter feels comfortable answering my questions, she will be promised that you will not see the data. Your signature on this document indicates your consent.

Please sign the permission form below. Your daughter will also be asked to give written consent. If she will not consent at the time of the interview or decides to withdraw at any time, this request will be granted. You also have the right to withdraw your daughter and your consent at any time.

If you have any questions or concerns regarding the interview process or the nature of my research, please feel free to contact me.

| | | |
|---|---|---|
| Denise M. Collins | Gretchen C. Hess, Ph.D. | Ms. Taylor |
| Student Researcher | Thesis Advisor | Guidance Counselor |
| University of Alberta | University of Alberta | High School |

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I have read the above informed consent form and have asked for more clarification if needed. I understand that my daughter will be asked to consent as well. I understand that the interview will be audio taped and at no time, even if I withdraw my daughter, do I have right to or will be granted possession of the data collected. I understand my rights as a parent and my daughter's rights as a participant.

I,_____, parent(s) or guardian(s) of _____,
(Name of Parent/Guardian) (Name of Adolescent)

consent to my daughter's inclusion in the research interviews with Denise Collins.

Signature: _____

Date: _____

**APPENDIX C**

PARTICIPANT INFORMED CONSENT FORM

FOR FEMALE'S INCLUSION

IN THE IN-DEPTH INTERVIEWS

Date: May 1995

Dear Participant:

I am currently working towards my Master of Education in Educational Psychology at the University of Alberta. My thesis research focuses on adolescents' attitudes toward the media's presentation of a specific body ideal. My study involved high school females at your school, completing a survey on their feelings of body image dissatisfaction on April 26. You included your name and phone number indicating that you were interested in participating in the interview process.

Your parents have given you permission to be in my research project, but your permission is requested for participation as well. The interviews will be audio taped for my convenience, but these will be destroyed after the study is completed. I will be conducting the interview myself. Interviews will be confidential which means that I will know which interview is yours but your name and any identifying characteristics will be changed in the final write-up. At no point during or after this research will you or your parents, be given a copy or the original interview.

You have the right to decide against participating at this point and may decide to withdraw from the interview process and your consent at any time without offering an explanation. If any question makes you feel uncomfortable, please tell me and we can move to the next question or close the interview. Your signature below implies that you have read the consent form and have asked any questions of the researcher

| | | |
|---|---|---|
| Denise M. Collins | Gretchen C. Hess, Ph.D. | Ms. Taylor |
| Student Researcher | Thesis Advisor | Guidance Counselor |
| University of Alberta | University of Alberta | High School |

---

I have read the above informed consent form and have asked for more clarification if needed. I understand that the interview will be audio taped and at no time, even if I withdrawal my consent, do I have right to or will be granted possession of the data collected. I understand I can skip questions or end the interview at any time. I understand my rights as a participant.

I, _____, consent to being a participant in the research interviews
(Name of Participant)

with Denise Collins.

Signature: _____

Date: _____

## APPENDIX D

BODY IMAGE SURVEY

A SURVEY EXPLORING:

**Female Adolescent Attitudes toward the Socially Accepted Thin Body Ideal**

PLEASE FILL OUT THE FOLLOWING SURVEY. YOUR PARTICIPATION IN THIS SURVEY IS VOLUNTARY. PLEASE READ ALL INSTRUCTIONS. TAKE YOUR TIME.

THANK YOU FOR YOUR TIME AND PARTICIPATION.

DENISE M. COLLINS
STUDENT RESEARCHER

The following survey is for my research thesis at the University of Alberta, Master of Education degree in Counseling Psychology. Please fill in the whole survey. I am interested in how you feel about your body image and the accepted body ideal. Your participation in this survey is voluntary; you do not have to fill it out. If any question makes you feel uncomfortable, please feel free to skip it. **Please note the survey is on both sides of the page.**

**The following questions pertain to how your body looks RIGHT NOW. Circle one answer for each question:**

1. I am:

Very Short Short Average Tall Very Tall

2. My breasts are:

Very Small Small Average Large Very Large

3. I am:

Very Thin Thin Average Heavy Very Heavy

4. My legs are:

Very Short Short Average Long Very Long

5. My buttocks (bum) are:

Very Small Small Average Large Very Large

6. My torso is:

Very Short Short Average Long Very Long

7. My stomach is:

Very Flat Flat Average Round Very Round

8. My thighs are:

Very Small Small Average Large Very Large

9. My muscle definition is:

Very Undefined Undefined Average Defined Very Defined

10. Check the one which best describes your body figure:

_____ Hourglass shape (hips and chest almost equal, small waist)
_____ Inverted Pear (large chest, small waist and hips)
_____ Pear shaped (large hips, small waist and chest)
_____ Tube-like body (hips and chest almost equal, waist only slightly smaller than other areas)

**The following questions pertain to how you WOULD LIKE your body to look. Circle one answer for each question:**

1. I would like to be:

Very Short Short Average Tall Very Tall

2. I would like my breasts to be:

Very Small Small Average Large Very Large

3. I would like to be:

Very Thin Thin Average Heavy Very Heavy

4. I would like my legs to be:

Very Short Short Average Long Very Long

5. I would like my buttocks (bum) to be:

Very Small Small Average Large Very Large

6. I would like my torso to be:

Very Short Short Average Long Very Long

7. I would like my stomach to be:

Very Flat Flat Average Round Very Round

8. I would like my thighs to be:

Very Small Small Average Large Very Large

9. I would like my muscle definition to be:

Very Undefined Undefined Average Defined Very Defined

10. Check the one which best describes how you would like your body figure to look:

_____ Hourglass shape (hips and chest almost equal, small waist)
_____ Inverted Pear (large chest, small waist and hips)
_____ Pear shaped (large hips, small waist and chest)
_____ Tube-like body (hips and chest almost equal, waist only slightly smaller than other areas)

**The following questions pertain to what YOU THINK the IDEAL woman's body looks like. Circle one answer for each question:**

1. The ideal body would be:

Very Short Short Average Tall Very Tall

2. The ideal size for breasts is:

Very Small Small Average Large Very Large

3. The ideal body would be:

Very Thin Thin Average Heavy Very Heavy

4. The ideal length for legs is:

Very Short Short Average Long Very Long

5. The ideal size for buttocks (bum) is:

Very Small Small Average Large Very Large

6. The ideal length for the torso is:

Very Short Short Average Long Very Long

7. The ideal stomach should be:

Very Flat Flat Average Round Very Round

8. The ideal size for thighs is:

Very Small Small Average Large Very Large

9. The ideal amount of muscle definition is:

Very Undefined Undefined Average Defined Very Defined

10. Check the one which best describes what you think the ideal body figure for a woman is:

_____ Hourglass shape (hips and chest almost equal, small waist)
_____ Inverted Pear (large chest, small waist and hips)
_____ Pear shaped (large hips, small waist and chest)
_____ Tube-like body (hips and chest almost equal, waist only slightly smaller than other areas)

**The following questions pertain to how YOUR FRIENDS would describe the IDEAL body for women. Circle one answer for each question:**

1. My friends would describe the ideal body for women as:

Very Short Short Average Tall Very Tall

2. My friends would describe the ideal size of breasts as:

Very Small Small Average Large Very Large

3. My friends would describe the ideal body for women as:

Very Thin Thin Average Heavy Very Heavy

4. My friends would describe the ideal size for legs as:

Very Short Short Average Long Very Long

5. My friends would describe the ideal size for buttocks (bum) as:

Very Small Small Average Large Very Large

6. My friends would describe the ideal torso as:

Very Short Short Average Long Very Long

7. My friends would describe the ideal size for the stomach as:

Very Flat Flat Average Round Very Round

8. My friends would describe the ideal size for the thighs as:

Very Small Small Average Large Very Large

9. My friends would describe the ideal muscle definition as:

Very Undefined Undefined Average Defined Very Defined

10. Check the one which best describes your friends description of the ideal body for women:

_____ Hourglass shape (hips and chest almost equal, small waist)
_____ Inverted Pear (large chest, small waist and hips)
_____ Pear shaped (large hips, small waist and chest)
_____ Tube-like body (hips and chest almost equal, waist only slightly smaller than other areas)

**The following questions pertain to SOCIETY'S IDEAL body type for women. Circle one answer for each question:**

1. For society, the ideal body for women is:

Very Short Short Average Tall Very Tall

2. For society, the ideal size of breasts is:

Very Small Small Average Large Very Large

3. For society, the ideal body for women is:

Very Thin Thin Average Heavy Very Heavy

4. For society, the ideal size for legs is:

Very Short Short Average Long Very Long

5. For society, the ideal size for buttocks (bum) is:

Very Small Small Average Large Very Large

6. For society, the ideal length for the torso is:

Very Short Short Average Long Very Long

7. For society, the ideal size for the stomach is:

Very Flat Flat Average Round Very Round

8. For society, the ideal size for the thighs is:

Very Small Small Average Large Very Large

9. For society, the ideal muscle definition is:

Very Undefined Undefined Average Defined Very Defined

10. Check the one which best describes the society's ideal body for women:

_____ Hourglass shape (hips and chest almost equal, small waist)
_____ Inverted Pear (large chest, small waist and hips)
_____ Pear shaped (large hips, small waist and chest)
_____ Tube-like body (hips and chest almost equal, waist only slightly smaller than other areas)

**Use the following scale to answer these questions:**

| 1 Strongly agree | 2 Agree | 3 Neither agree nor disagree | 4 Disagree | 5 Strongly disagree |
|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | I worry about what others think of my body. | 1 | 2 | 3 | 4 | 5 |
| 2. | My friends do not often talk about dieting or losing weight. | 1 | 2 | 3 | 4 | 5 |
| 3. | I often think I would be happier if my body looked differently. | 1 | 2 | 3 | 4 | 5 |
| 4. | Boys find me attractive. | 1 | 2 | 3 | 4 | 5 |
| 5. | I eat less in front of others. | 1 | 2 | 3 | 4 | 5 |
| 6. | I describe myself larger than my friends describe me. | 1 | 2 | 3 | 4 | 5 |
| 7. | I usually feel satisfied with my body. | 1 | 2 | 3 | 4 | 5 |
| 8. | My friends seem to feel pressure from others to lose weight or remain thin. | 1 | 2 | 3 | 4 | 5 |
| 9. | I do not often weigh myself. | 1 | 2 | 3 | 4 | 5 |
| 10. | I am happy with my body the way it is. | 1 | 2 | 3 | 4 | 5 |
| 11. | I feel dissatisfied when I compare my body or parts of it to my friends'. | 1 | 2 | 3 | 4 | 5 |
| 12. | Societal standards have little influence on how girls my age feel about their figures. | 1 | 2 | 3 | 4 | 5 |
| 13. | I feel my body is just the right size. | 1 | 2 | 3 | 4 | 5 |
| 14. | I am usually on a diet (food reduction) to control my weight. | 1 | 2 | 3 | 4 | 5 |
| 15. | Most girls in my class have a better figure than I do. | 1 | 2 | 3 | 4 | 5 |
| 16. | I talk to my friends about being disappointed with parts of my body. | 1 | 2 | 3 | 4 | 5 |
| 17. | If I diet and exercise, I can change the overall shape of my body. | 1 | 2 | 3 | 4 | 5 |
| 18. | I feel bad because of how my body looks. | 1 | 2 | 3 | 4 | 5 |
| 19. | My friends feel confident regardless of how their bodies look. | 1 | 2 | 3 | 4 | 5 |

| | 1 Strongly agree | 2 Agree | 3 Neither | 4 Disagree | 5 Strongly disagree |
|---|---|---|---|---|---|
| 20. | My friends think how a woman's body looks is very important. | 1 | 2 | 3 | 4 5 |
| 21. | I would be healthier if I could lose weight. | 1 | 2 | 3 | 4 5 |
| 22. | I am comfortable enough with my body to wear revealing clothes. | 1 | 2 | 3 | 4 5 |
| 23. | I think being slightly overweight is healthier than being slightly underweight. | 1 | 2 | 3 | 4 5 |
| 24. | I do not often worry about my weight. | 1 | 2 | 3 | 4 5 |
| 25. | My friends judge other girls because of their bodies. | 1 | 2 | 3 | 4 5 |
| 26. | Weight is biologically determined and cannot be controlled. | 1 | 2 | 3 | 4 5 |
| 27. | Many girls in my class are not concerned with gaining weight. | 1 | 2 | 3 | 4 5 |
| 28. | I would undergo an operation to improve my figure, for example liposuction, breast reduction/enlargement. | 1 | 2 | 3 | 4 5 |
| 29. | Exercising will help me reach the ideal body. | 1 | 2 | 3 | 4 5 |
| 30. | My friends and family do not pressure me to lose weight or remain thin. | 1 | 2 | 3 | 4 5 |
| 31. | I eat the same amount of food as I always have. | 1 | 2 | 3 | 4 5 |
| 32. | I do not care about my figure measurements. | 1 | 2 | 3 | 4 5 |
| 33. | A majority of boys my age are interested in girls because of their bodies. | 1 | 2 | 3 | 4 5 |
| 34. | I am terrified of gaining weight | 1 | 2 | 3 | 4 5 |
| 35. | It seems like thin girls are more popular than heavier ones. | 1 | 2 | 3 | 4 5 |
| 36. | I have a nice figure. | 1 | 2 | 3 | 4 5 |
| 37. | My friends talk a lot about television actresses and models' bodies. | 1 | 2 | 3 | 4 5 |
| 38. | Looking good is not important to me. | 1 | 2 | 3 | 4 5 |

| | | 1<br>Strongly agree | 2<br>Agree | 3<br>Neither | 4<br>Disagree | 5<br>Strongly disagree |
|---|---|---|---|---|---|---|
| 39. | I do not worry about what or how much I eat. | 1 | 2 | 3 | 4 | 5 |
| 40. | I think some of my friends would be healthier if they lost weight. | 1 | 2 | 3 | 4 | 5 |
| 41. | I think societal body expectations are unattainable for the majority of women. | 1 | 2 | 3 | 4 | 5 |
| 42. | Boys do not seem to care much about how their girlfriends' bodies look. | 1 | 2 | 3 | 4 | 5 |
| 43. | I am satisfied with my weight. | 1 | 2 | 3 | 4 | 5 |
| 44. | The majority of girls in my class would like to lose about 10 pounds. | 1 | 2 | 3 | 4 | 5 |
| 45. | My friends want to look like magazine models. | 1 | 2 | 3 | 4 | 5 |
| 46. | I think heavy people have little self-control. | 1 | 2 | 3 | 4 | 5 |
| 47. | I feel comfortable satisfying my appetite in front of others. | 1 | 2 | 3 | 4 | 5 |
| 48. | Dieting can be unhealthy. | 1 | 2 | 3 | 4 | 5 |
| 49. | I compare myself to magazine models. | 1 | 2 | 3 | 4 | 5 |
| 50. | My friends do not worry about how their bodies look. | 1 | 2 | 3 | 4 | 5 |
| 51. | I would feel better about myself if I could lose 10 pounds. | 1 | 2 | 3 | 4 | 5 |
| 52. | I feel guilty if I overeat or eat sweets. | 1 | 2 | 3 | 4 | 5 |
| 53. | My friends are not concerned with looking good. | 1 | 2 | 3 | 4 | 5 |
| 54. | The majority of my friends think they are fat. | 1 | 2 | 3 | 4 | 5 |
| 55. | I am concerned about gaining weight in the future. | 1 | 2 | 3 | 4 | 5 |
| 56. | Society teaches us that a woman's body is important in being successful. | 1 | 2 | 3 | 4 | 5 |
| 57. | My friends compare their body parts to each other, for example weight, body measurements, bra size. | 1 | 2 | 3 | 4 | 5 |
| 58. | It is possible to be too thin. | 1 | 2 | 3 | 4 | 5 |

| | 1 Strongly agree | 2 Agree | 3 Neither | 4 Disagree | 5 Strongly disagree |
|---|---|---|---|---|---|
| 59. | I like the way I look. | 1 | 2 | 3 | 4 5 |
| 60. | Girls in my class do not usually diet. | 1 | 2 | 3 | 4 5 |
| 61. | I know a lot of girls who exercise to keep their weight down. | 1 | 2 | 3 | 4 5 |
| 62. | I feel dissatisfied when I compare my body or parts of it to television actresses and magazine models'. | 1 | 2 | 3 | 4 5 |
| 63. | Girls in my class reduce food intake to lose weight. | 1 | 2 | 3 | 4 5 |
| 64. | Losing weight would make me feel better about my body. | 1 | 2 | 3 | 4 5 |
| 65. | I know of some girls who vomit to keep their weight down. | 1 | 2 | 3 | 4 5 |
| 66. | The majority of girls I know do not use diet products (for example, diet pills, weight watchers) to reduce their weight. | 1 | 2 | 3 | 4 5 |
| 67. | I think my friends are dissatisfied with their bodies. | 1 | 2 | 3 | 4 5 |
| 68. | Other girls my age do not seem to worry about their figures. | 1 | 2 | 3 | 4 5 |
| 69. | My friends talk a lot about other girls' body flaws. | 1 | 2 | 3 | 4 5 |
| 70. | My figure is nicer than the majority of girls my age. | 1 | 2 | 3 | 4 5 |

**Circle the choice which best describes your satisfaction with these body parts today:**

| | 1 Very Satisfied | 2 Satisfied | 3 Neither Satisfied Nor Dissatisfied | 4 Dissatisfied | 5 Very Dissatisfied |
|---|---|---|---|---|---|
| 1. | Height | 1 | 2 | 3 | 4 5 |
| 2. | Weight | 1 | 2 | 3 | 4 5 |
| 3. | Complexion | 1 | 2 | 3 | 4 5 |
| 4. | Hair | 1 | 2 | 3 | 4 5 |
| 5. | Eyes | 1 | 2 | 3 | 4 5 |
| 6. | Mouth | 1 | 2 | 3 | 4 5 |
| 7. | Nose | 1 | 2 | 3 | 4 5 |

| | 1<br>Very Satisfied | 2<br>Satisfied | 3<br>Neither | 4<br>Dissatisfied | | 5<br>Very Dissatisfied | | |
|---|---|---|---|---|---|---|---|---|
| 8. | Teeth | | | 1 | 2 | 3 | 4 | 5 |
| 9. | Facial Attractiveness | | | 1 | 2 | 3 | 4 | 5 |
| 10. | Breasts | | | 1 | 2 | 3 | 4 | 5 |
| 11. | Hands | | | 1 | 2 | 3 | 4 | 5 |
| 12. | Abdomen (Stomach) | | | 1 | 2 | 3 | 4 | 5 |
| 13. | Buttocks (Bum) | | | 1 | 2 | 3 | 4 | 5 |
| 14. | Hips | | | 1 | 2 | 3 | 4 | 5 |
| 15. | Thighs | | | 1 | 2 | 3 | 4 | 5 |
| 16. | General Muscle Tone and Development | | | 1 | 2 | 3 | 4 | 5 |
| 17. | Overall Body Appearance | | | 1 | 2 | 3 | 4 | 5 |

**Answer the following questions:**

1. Things about my body which I really like:

2. Things about my body I would like to change:

3. I would like to (please circle) gain/lose_____ pounds.

4. Age today: _____

5. Grade: _____

6. Ethnic Origin: (check)

( ) White ( ) Black ( ) Asian/Pacific Islander
( ) Hispanic ( ) Native American ( ) East Indian
( ) Other, please specify: _____

7. Gender: (check) ( ) Female ( ) Male

8. Height: _____feet_____inches OR _____ meters_____centimeters

9. Weight: _____lbs OR _____kg

10. Highest Level of Father's Education: (check one)

( ) Does not apply
( ) Less than high school
( ) High school diploma (or equivalency)
( ) Professional
( )Vocational diploma, two-year, junior college degree
( ) Bachelor's degree
( ) Master's degree
( ) Doctorate

( ) Other (please specify): _____

11. Highest Level of Mother's Education: (check one)

( ) Does not apply
( ) Less than high school
( ) High school diploma (or equivalency)
( ) Professional
( )Vocational diploma, two-year, junior college degree
( ) Bachelor's degree
( ) Master's degree
( ) Doctorate

( ) Other (please specify): _____

12. Estimate in what overall range your school marks are (check one):

( ) 90 - 100
( ) 80 - 90
( ) 70 - 80
( ) 60 - 70
( ) 50 - 60
( ) 40 - 50
( ) Below 40

13. Please include any thoughts, reactions, feelings, or concerns you have about this survey.

14. If you would like to participate in interviews in May, please include your name and phone number. You may provide this on a separate sheet of paper if that makes you feel more comfortable. Including your name does not guarantee you will be contacted. If you decide to include your name now, you may withdraw it later if contacted.

_____

_____

**IF YOU HAVE ANY QUESTIONS OR CONCERNS AS A RESULT OF THIS SURVEY, PLEASE SEE YOUR GUIDANCE COUNSELOR, MS. SHARON.**

Thank you for your time and participation.

Denise M. Collins
Student Researcher

## APPENDIX E

BREAKDOWN OF SURVEY STATEMENTS BY SUBTESTS

AND RELIABILITY DATA

Column 1: Subtest Total Reliability

Column 2: Item-Total Reliability

**Personal Body Image Dissatisfaction**

Cronbach's Alpha = .94
Spearman Brown = .94

| | | |
|---|---|---|
| .65 | .64 | I worry about what others think of my body. |
| .74 | .72 | I often think I would be happier if my body looked differently. |
| .35 * | .20 | Boys find me attractive. |
| .61 | .51 | I describe myself larger than my friends describe me. |
| .70 | .66 | I usually feel satisfied with my body. |
| .66 | .61 | I am happy with my body the way it is. |
| .55 | .47 | I feel dissatisfied when I compare my body or parts of it to my friends'. |
| .68 | .65 | I feel my body is just the right size. |
| .61 | .56 | Most girls in my class have a better figure than I do. |
| .50 | .57 | I talk to my friends about being disappointed with parts of my body. |
| .75 | .63 | I feel bad because of how my body looks. |
| .72 | .71 | I do not often worry about my weight. |
| .61 | .53 | I am terrified of gaining weight |
| .77 | .65 | I have a nice figure. |
| .44 | .44 | I do not worry about what or how much I eat. |
| .82 | .77 | I am satisfied with my weight. |
| .61 | .54 | I feel comfortable satisfying my appetite in front of others. |
| .72 | .63 | I would feel better about myself if I could lose 10 pounds. |
| .61 | .52 | I feel guilty if I overeat or eat sweets. |
| .43 | .41 | I am concerned about gaining weight in the future. |
| .82 | .70 | I like the way I look. |
| .72 | .59 | I feel dissatisfied when I compare my body or parts of it to television actresses and magazine models'. |
| .75 | .68 | Losing weight would make me feel better about my body. |
| .60 | .41 | My figure is nicer than the majority of girls my age. |

* The item fails to reach the .25 reliability criteria presented by Hopkins, Stanley & Hopkins (1990) on either the subtest total reliability or item-total reliability.

** The item fails to reach the .25 reliability criteria on both the subtest total reliability and the item-total reliability.

Column 1: Subtest Total Reliability

Column 2: Item-Total Reliability

**Friends' Body Image Dissatisfaction**

Cronbach's Alpha = .74
Spearman Brown = .86

| | | |
|---|---|---|
| .50 | .40 | My friends do not often talk about dieting or losing weight. |
| .57 | .36 | My friends seem to feel pressure from others to lose weight or remain thin. |
| .41 * | .15 | Many girls in my class are not concerned with gaining weight. |
| .65 | .49 | My friends talk a lot about television actresses and models' bodies. |
| .74 | .43 | My friends do not worry about how their bodies look. |
| .34 * | .13 | My friends are not concerned with looking good. |
| .63 | .31 | The majority of my friends think they are fat. |
| .58 | .29 | My friends compare their body parts to each other, for example weight, body measurements, bra size. |
| .58 | .47 | I think my friends are dissatisfied with their bodies. |
| .49 * | .17 | Other girls my age do not seem to worry about their figures. |
| .58 | .32 | My friends talk a lot about other girls' body flaws. |

**Friends' Acceptance of the Societal Standard**

Cronbach's Alpha = .64
Spearman Brown = .77

| | | |
|---|---|---|
| .34 | .25 | Societal standards have little influence on how girls my age feel about their figures. |
| .42 * | .19 | My friends feel confident regardless of how their bodies look. |
| .68 | .56 | My friends think how a woman's body looks is very important. |
| .08 ** | .07 | Weight is biologically determined and cannot be controlled. |
| .55 | .31 | My friends judge other girls because of their bodies. |
| .34 * | .23 | My friends and family do not pressure me to lose weight or remain thin. |
| .59 | .58 | A majority of boys my age are interested in girls because of their bodies. |
| .74 | .64 | It seems like thin girls are more popular than heavier ones. |
| .38 | .31 | Boys do not seem to care much about how their girlfriends' bodies look. |
| .29 | .35 | The majority of girls in my class would like to lose about 10 pounds. |
| .58 | .40 | My friends want to look like magazine models. |
| .28 | .29 | Dieting can be unhealthy. |
| .38 | .47 | Society teaches us that a woman's body is important in being successful. |

* The item fails to reach the .25 reliability criteria on either the subtest total reliability or item-total reliability.

** The item fails to reach the .25 reliability criteria on both the subtest total reliability and the item-total reliability.

Column 1: Subtest Total Reliability

Column 2: Item-Total Reliability

**Personal Behavior Changes to Attain Societal Ideal**

Cronbach's Alpha = .63
Spearman Brown = .82

| | | |
|---|---|---|
| .45 | .40 | I eat less in front of others |
| .43 * | .18 | I do not often weigh myself. |
| .71 | .56 | I am usually on a diet (food reduction) to control my weight. |
| .59 | .43 | If I diet and exercise, I can change the overall shape of my body. |
| .33 | .35 | I am comfortable enough with my body to wear revealing clothes. |
| .52 | .50 | I would undergo an operation to improve my figure, for example liposuction, breast reduction/enlargement. |
| .16 ** | .03 | Exercising will help me reach the ideal body. |
| .46 | .27 | I eat the same amount of food as I always have. |
| .68 | .69 | I do not care about my figure measurements. |

**Friends' Behavior Changes to Attain Ideal**

Cronbach's Alpha = .53
Spearman Brown = .84

| | | |
|---|---|---|
| .59 | .43 | Girls in my class do not usually diet. |
| .57 * | .22 | I know a lot of girls who exercise to keep their weight down. |
| .43 * | .23 | Girls in my class reduce food intake to lose weight. |
| .72 * | .05 | I know of some girls who vomit to keep their weight down. |
| .62 * | .04 | The majority of girls I know do not use diet products (for example, diet pills, weight watchers) to reduce their weight. |

**Personal Acceptance of the Societal Ideal**

Cronbach's Alpha = .47
Spearman Brown = .73

| | | |
|---|---|---|
| .50 | .61 | I would be healthier if I could lose weight. |
| .68 | .45 | I think being slightly overweight is healthier than being slightly underweight. |
| .47 | .28 | Looking good is not important to me. |
| .42 * | -.04 | I think some of my friends would be healthier if they lost weight. |
| .23 * * | -.18 | I think societal body expectations are unattainable for the majority of women. |
| .40 * | .01 | I think heavy people have little self-control |
| .52 | .55 | I compare myself to magazine models. |
| .21 ** | -.08 | It is possible to be too thin. |

* The item fails to reach the .25 reliability criteria on either the subtest total reliability or item-total reliability.

** The item fails to reach the .25 reliability criteria on both the subtest total reliability and the item-total reliability.

## APPENDIX F

INTERVIEW GUIDE FOR THE

STUDENT PARTICIPANTS

Describe your eating habits?
...dieting behaviors?
...exercising?

What parts of your body do you like the most?
...dislike the most?
What are some daily thoughts you have regarding your body?
What are some things you say to yourself regarding your body?

What do you think influences the way you feel about your body?
How would your feelings about your body be different if you didn't have that influence?
In what ways do you think your friends and family are influenced?
How close do you think your friends' ideal would be to yours?

Pretend you are standing in front of a full length mirror.
What do you see?
What parts are you most aware of?
What are you thinking about your body?
How do you feel about it?

Now imagine you have your ideal body and you are looking in the mirror.
What does your body look like?
What are thinking about your body?
How do you feel about it?
What has changed in your life now that you have the ideal body?
What do you have to do to stay in that body?

Now imagine you are in the body that is opposite to your ideal body.
What does your body look like?
What are you thinking about your body?
How do you feel about it?
What has changed in your life?
What do you have to do to change that body?

Tell me about that experience of changing bodies.

How do you feel when you lose weight?
...gain weight?

How is the ideal female body different from your ideal?
Where does that ideal come from?
Who is the ideal for?
How does the ideal influence the way you feel about your body?
In what way are you attempting to attain it for your own body?
How easy it to attain the ideal?
...to maintain?
What would change in your life if you did attain it?
Will you ever attain it?

What future concerns do you have about your body?

## APPENDIX G

INTERVIEW GUIDE FOR THE

GUIDANCE COUNSELOR

What is the typical profile of someone who comes to see you?

What is the presenting problem?

What is the primary emotional expression when females first come to you regarding their bodies?

What emotions do they express when discussing their bodies?

What are they most concerned about as a result of how their bodies look?

What seems to be the primary influence on them related to their bodies?

What is the motivator for coming to see you?

How is it that you usually become aware of a female's concern about her body?
Does she usually come alone the first time?
Do you become aware because a friend has expressed concern?

How often do females come to you with body concerns?

What do they want from you?
What can you do for them?

Do you usually see the same people again or are many of the appointments isolated sessions?
Or do many come more frequently?
Do you get involved in weekly counseling relationships?

What was the females' response after completing the survey?
...play?

## APPENDIX H

INSTRUCTIONS FOR THE

PARTICIPANT JOURNAL ENTRIES

Please write, on **three** different occasions, your thoughts and feelings regarding your body. This may be at a time when you are very aware of your body or part of your body. Explain what you were doing or what happened to make you aware of your body or parts of it. An example situation may be somebody making a comment, either positive or negative, about the clothes you are wearing and you became more aware of your body because of that comment. Include what body parts you are most aware of, how you feel, what you are thinking, and statements you are saying to yourself or out loud. Include how your body awareness influenced what you did next. These events may be either positive or negative experiences of body awareness.

Please by as descriptive as possible regarding your thoughts and feelings and the impact increased body awareness has on you.

If you have any questions, please feel free to contact me. I would like to pick up these up on June 1 at the high school. Please bring them on this day to the front office.

Thank you again for your participation.

Denise M. Collins
Student Researcher